EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0019T		EXTRACORP SHOCK WV TX MS	\$0.00	CODE TERMED 12/31/2016
0042T		CT PERFUSION W/CONTRAST	\$0.00	
0071T		U/S LEIOMYOMATA ABLATE <	\$0.00	
0072T		U/S LEIOMYOMATA ABLATE >	\$0.00	
0100T		PROSTH RETINA RECEIVE&GE	\$0.00	
0101T		EXTRACORP SHOCKWV TX HI	\$0.00	
0102T		EXTRACORP SHOCKWV TX ANE	\$0.00	
0106T		TOUCH QUANT SENSORY TEST	\$0.00	
0107T		VIBRATE QUANT SENSORY TE	\$0.00	
0108T		COOL QUANT SENSORY TEST	\$0.00	
0109T		HEAT QUANT SENSORY TEST	\$0.00	
0110T		NOS QUANT SENSORY TEST	\$0.00	
0111T		RBC MEMBRANES FATTY ACID	\$0.00	
0126T		CHD RISK IMT STUDY	\$0.00	
0159T		CAD BREAST MRI	\$0.00	
0171T		LUMBAR SPINE PROCES DIST	\$0.00	CODE TERMED 12/31/2016
0172T		LUMBAR SPINE PROCESS ADD	\$0.00	CODE TERMED 12/31/2016
0174T		CAD CXR WITH INTERP	\$0.00	
0175T		CAD CXR REMOTE	\$0.00	
0184T		EXC RECTAL TUMOR ENDOSCO	\$0.00	
0190T		PLACE INTRAOC RADIATION	\$0.00	
0198T		OCULAR BLOOD FLOW MEASUR	\$0.00	
0200T		PERQ SACRAL AUGMT UNILAT	\$0.00	
0201T		PERQ SACRAL AUGMT BILAT	\$0.00	
0205T		INIRS EACH VESSEL ADD-ON	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0206T		CPTR DBS ALYS CAR ELEC D	\$0.00	
0207T		CLEAR EYELID GLAND W/HEA	\$0.00	
0208T		AUTOMATED AUDIOMETRY AIR	\$0.00	
0209T		AUTO AUDIOMETRY AIR/BONE	\$0.00	
0210T		SPEECH AUDIOMETRY THRESH	\$0.00	
0211T		SPEECH AUDIOM THRESH & R	\$0.00	
0212T		COMPRE AUDIOMETRY EVALUA	\$0.00	
0213T		NJX PARAVERT W/US CER/TH	\$0.00	
0214T		NJX PARAVERT W/US CER/TH	\$0.00	
0215T		NJX PARAVERT W/US CER/TH	\$0.00	
0216T		NJX PARAVERT W/US LUMB/S	\$0.00	
0217T		NJX PARAVERT W/US LUMB/S	\$0.00	
0218T		NJX PARAVERT W/US LUMB/S	\$0.00	
0221T		PLMT POST FACET IMPLT LU	\$0.00	
0222T		PLMT POST FACET IMPLT AD	\$0.00	
0232T		NJX PLATELET PLASMA	\$0.00	
0302T		ICAR ISCHM MNTRNG SYS CO	\$0.00	
0303T		ICAR ISCHM MNTRNG SYS EL	\$0.00	
0304T		ICAR ISCHM MNTRNG SYS DE	\$0.00	
0305T		ICAR ISCHM MNTRNG PRGRM	\$0.00	
0306T		ICAR ISCHM MNTR INTERR E	\$0.00	
0307T		RMVL ICAR ISCHM MNTRNG D	\$0.00	
0308T		INSJ OCULAR TELESCOPE PR	\$0.00	
0310T		MOTOR FUNCTION MAPPING N	\$0.00	
0312T		LAPS IMPLTJ NSTIM VAGUS	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0313T		LAPS RMVL NSTIM ARRAY VA	\$0.00	
0314T		LAPS RMVL VGL ARRY & PLS	\$0.00	
0315T		RMVL VAGUS NERVE PLS GEN	\$0.00	
0316T		REPLC VAGUS NERVE PLS GE	\$0.00	
0317T		ELEC ALYS VAGUS NRV PLS	\$0.00	
0330T		TEAR FILM IMG INU/BI W/I	\$0.00	
0331T		HEART SYMP IMAGE PLNR	\$0.00	
0332T		HEART SYMP IMAGE PLNR SP	\$0.00	
0335T		EXTRAOSSEOUS JOINT STBLZ	\$0.00	
0336T		LAP ABLAT UTERINE FIBROI	\$0.00	CODE TERMED 12/31/2016
0337T		ENDOTHEL FXNASSMNT NON-I	\$0.00	
0338T		TRANSCATH RENAL SYMP DEN	\$0.00	
0339T		TRANSCATH RENAL SYMP DEN	\$0.00	
0340T		ABLATE PULM TUMORS + EXT	\$0.00	
0341T		QUANT PUPILLOMETRY W/ RP	\$0.00	
0342T		THXP APHERESIS W/ HDL DE	\$0.00	
0346T		ULTRASOUND ELASTOGRAPH	\$0.00	
0347T		INS BONE DEVICE FOR RSA	\$0.00	
0348T		RSA SPINE EXAM	\$0.00	
0349T		RSA UPPER EXTR EXAM	\$0.00	
0350T		RSA LOWER EXTR EXAM	\$0.00	
0351T		INTRAOP OCT BRST/NODE SPEC	\$0.00	
0353T		INTRAOP OCT BREAST CAVITY	\$0.00	
0355T		GI TRACT CAPSULE ENDOSCOPY	\$0.00	
0356T		INSRT DRUG DEVICE FOR IOP	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0357T		CRYOPRESERVATION OOCYTE(S)	\$0.00	
0358T		BIA WHOLE BODY	\$0.00	
0360T		OBSERV BEHAV ASSESSMENT	\$0.00	
0361T		OBSERV BEHAV ASSESS ADDL	\$0.00	
0362T		EXPOSE BEHAV ASSESSMENT	\$0.00	
0363T		EXPOSE BEHAV ASSESS ADDL	\$0.00	
0364T		ADAPTIVE BEHAVIOR TREATMENT	\$0.00	
0365T		ADAPTIVE BEHAVIOR TX ADDL	\$0.00	
0366T		GROUP BEHAVIOR TREATMENT	\$0.00	
0367T		GROUP BEHAV TREATMENT ADDL	\$0.00	
0373T		EXPOSURE BEHAVIOR TREATMENT	\$0.00	
0374T		EXPOSE BEHAV TREATMENT ADDL	\$0.00	
0376T		INSERT ANT SEGMENT DRAIN INT	\$0.00	
0377T		ANOSCPY INJ AGENT FOR INCONT	\$0.00	
0379T		VIS FIELD ASSMNT TECH SUPPT	\$0.00	
0380T		COMP ANIMAT RET IMAG SERIES	\$0.00	
0387T		LEADLESS C PM INS/RPL VENTR	\$0.00	
0388T		LEADLESS C PM REMOVE VENTR	\$0.00	
0389T		PROG EVAL INPER LEADLS PM	\$0.00	
0390T		PERIPROC EVAL INPER LEDLS PM	\$0.00	
0391T		INTERGT EVAL INPER LEADLS PM	\$0.00	
0392T		LAP ES SPH AUGMENT DEV PLACE	\$0.00	CODE TERMED 12/31/2016
0393T		ES SPH AUGMNT DEVICE REMOVAL	\$0.00	CODE TERMED 12/31/2016
0396T		INTRAOP KINETIC BALNCE SENSR	\$0.00	
0397T		ERCP W/OPTICAL ENDOMICROSCPY	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0398T		MRGFUS STRTCTC LES ABLTJ	\$0.00	
0399T		MYOCARDIAL STRAIN IMAGING	\$0.00	
0400T		MLTISPECTRL DIGITAL LES ALYS	\$0.00	
0401T		MLTISPECTRL DIGITAL LES ALYS	\$0.00	
0402T		COLLAGEN CROSSLINKING CORNEA	\$0.00	
0404T		TRNSCRV UTERIN FIBROID ABLTJ	\$0.00	
0406T		SIN NDSC PLMT DRG ELUT MPLNT	\$0.00	
0407T		SIN NDSC PLMT DRG ELUT MPLNT	\$0.00	
0408T		INSJ/RPLC CARDIAC MODULJ SYS	\$0.00	
0409T		INSJ/RPLC CARDIAC MODULJ PLS	\$0.00	
0410T		INSJ/RPLC CAR MODULJ ATR ELT	\$0.00	
0411T		INSJ/RPLC CAR MODULJ VNT ELT	\$0.00	
0412T		RMVL CARDIAC MODULJ PLS GEN	\$0.00	
0413T		RMVL CAR MODULJ TRANVNS ELT	\$0.00	
0414T		RMVL & RPL CAR MODULJ PLS GN	\$0.00	
0415T		REPOS CAR MODULI TRANVNS ELT	\$0.00	
0416T		RELOC SKIN POCKET PLS GEN	\$0.00	
0417T		PRGRMG EVAL CARDIAC MODULJ	\$0.00	
0418T		INTERRO EVAL CARDIAC MODULI	\$0.00	
0419T		DSTRJ NEUROFIBROMATA XTNSV	\$0.00	
0420T		DSTRJ NEUROFIBROMATA XTNSV	\$0.00	
0422T		TACTILE BREAST IMG UNI/BI	\$0.00	
0423T		ASSAY SECRETORY TYPE II PLA2	\$0.00	
0424T		INSJ/RPLC NSTIM APNEA COMPL	\$0.00	
0425T		INSJ/RPLC NSTIM APNEA SEN LD	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0426T		INSJ/RPLC NSTIM APNEA STM LD	\$0.00	
0427T		INSJ/RPLC NSTIM APNEA PLS GN	\$0.00	
0428T		RMVL NSTIM APNEA PLS GEN	\$0.00	
0429T		RMVL NSTIM APNEA SEN LD	\$0.00	
0430T		RMVL NSTIM APNEA STIMJ LD	\$0.00	
0431T		RMVL/RPLC NSTIM APNEA PLS GN	\$0.00	
0432T		REPOS NSTIM APNEA STIMJ LD	\$0.00	
0433T		REPOS NSTIM APNEA SENSING LD	\$0.00	
0434T		INTERRO EVAL NPGS SLEEP APNE	\$0.00	
0435T		PRGRMG EVAL NPGS APNEA 1 SES	\$0.00	
0436T		PRGRMG EVAL NPGS APNEA STUDY	\$0.00	
0437T		IMPLTJ SYNTH RNFCMT ABDL WAL	\$0.00	
0438T		TPRNL PLMT BIODEGRDABL MATRL	\$0.00	
0439T		MYOCRD CONTRAST PRFUJ ECHO	\$0.00	
0440T		ABLTJ PERC UXTR/PERPH NRV	\$0.00	
0441T		ABLTJ PERC LXTR/PERPH NRV	\$0.00	
0442T		ABLTJ PERC PLEX/TRNCL NRV	\$0.00	
0443T		R-T SPCTRL ALYS PRST8 TISS	\$0.00	
0444T		1ST PLMT DRUG ELUT OC INS	\$0.00	
0445T		SBSQT PLMT DRUG ELUT OC INS	\$0.00	
0446T		INSJ IMPLTBL GLUCOSE SEN	\$0.00	
0447T		RMVL IMPLTBL GLUCOSE SEN	\$0.00	
0448T		REMVL INSJ IMPLTBL GLUC	\$0.00	
0449T		INSJ AQUEOUS DRAIN DEV 1	\$0.00	
0450T		INSJ AQUEOUS DRAIN DEV E	\$0.00	

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
0453T		INSJ/RPLCMT MECH-ELEC NT	\$0.00	
0454T		INSJ/RPLCMT SUBQ ELECTRO	\$0.00	
0457T		REMVL MECH-ELEC SKIN NTR	\$0.00	
0458T		REMVL SUBQ ELECTRODE	\$0.00	
0460T		REPOS AORTIC VENTR DEV E	\$0.00	
0462T		PRGRMG EVAL AORTIC VENTR	\$0.00	
0463T		INTERROG AORTIC VENTR SY	\$0.00	
0464T		VISUAL EP TEST FOR GLAUC	\$0.00	
0465T		SUPCHRDL NJX RXW/O SUPPL	\$0.00	
0466T		INSJ CHWAL RESPIR ELTRD/	\$0.00	
0467T		REVJ/RPLMNT CH RESPIR EL	\$0.00	
0469T		RTA POLARIZE SCAN OC SCR	\$0.00	
0470T		OCT SKN IMG ACQUISJ I&R	\$0.00	
0471T		OCT SKN IMG ACQUISJ I&R	\$0.00	
0472T		PRGRMG IO RTA ELTRD RA	\$0.00	
0473T		REPRGRMG IO RTA ELTRD RA	\$0.00	
0474T		INSJ AQUEOUS DRG DEV IO	\$0.00	
0475T		REC FTL CAR SGL 3 CH I&R	\$0.00	
0476T		REC FTL CAR SGL ELEC TR	\$0.00	
0477T		REC FTL CAR SGL XRTJ ALY	\$0.00	
0478T		REC FTL CAR 3 CH REV I&R	\$0.00	
11719		TRIM NAIL(S) ANY NUMBER	\$0.00	
15775		HAIR TRNSPL 1-15 PUNCH G	\$0.00	
15776		HAIR TRNSPL >15 PUNCH GR	\$0.00	
15847		EXC SKIN ABD ADD-ON	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
17380		HAIR REMOVAL BY ELECTROL	\$0.00	
20974		ELECTRICAL BONE STIMULAT	\$0.00	
20975		ELECTRICAL BONE STIMULAT	\$0.00	
20979		US BONE STIMULATION	\$0.00	
22856		CERV ARTIFIC DISKECTOMY	\$0.00	
32561		LYSE CHEST FIBRIN INIT D	\$0.00	
32562		LYSE CHEST FIBRIN SUBQ D	\$0.00	
32701		THORAX STEREO RAD TARGETW/TX	\$222.13	
36415		ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	\$4.83	
38204		BL DONOR SEARCH MANAGEME	\$0.00	
38205		HARVEST ALLOGENEIC STEM	\$75.30	
38207		CRYOPRESERVE STEM CELLS	\$0.00	
38208		THAW PRESERVED STEM CELL	\$0.00	
38209		WASH HARVEST STEM CELLS	\$0.00	
38210		T-CELL DEPLETION OF HARV	\$0.00	
38211		TUMOR CELL DEPLETE OF HA	\$0.00	
38212		RBC DEPLETION OF HARVEST	\$0.00	
38213		PLATELET DEPLETE OF HARV	\$0.00	
38214		VOLUME DEPLETE OF HARVES	\$0.00	
38215		HARVEST STEM CELL CONCEN	\$0.00	
49411		INS MARK ABD/PEL FOR RT	\$0.00	
54900		FUSION SPERMATIC DUCTS	\$0.00	
54901		FUSION SPERMATIC DUCTS	\$0.00	
55400		REPAIR OF SPERM DUCT	\$0.00	
55870		ELECTROJACULATION	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
55970		SEX TRANSFORMATION M TO F	\$0.00	
55980		SEX TRANSFORMATION F TO M	\$0.00	
58321		ARTIFICIAL INSEMINATION	\$0.00	
58322		ARTIFICIAL INSEMINATION	\$0.00	
58323		SPERM WASHING	\$0.00	
58345		REOPEN FALLOPIAN TUBE	\$0.00	
58350		HYDROTUBATION OF OVIDUCT	\$0.00	
58672		LAPAROSCOPY FIMBRIOPLAST	\$0.00	
58673		LAPAROSCOPY SALPINGOSTOM	\$0.00	
58920		PARTIAL REMOVAL OF OVARY	\$0.00	
58970		RETRIEVAL OF OOCYTE	\$0.00	
58974		TRANSFER OF EMBRYO	\$0.00	
58976		TRANSFER OF EMBRYO	\$0.00	
59840		LEGAL-THERA ABORTION	\$0.00	
59841		ABORTION	\$0.00	
59866		ABORTION (MPR)	\$0.00	
64550		APPLICATION OF SURF. NEUROSTIMULATOR	\$23.81	
65770		REVISE CORNEA W IMPLANT	\$0.00	
77051		CAD DIAGNOSTIC MAMMOGRAPHY	\$10.33	
77052		SCREENING MAMMOGRAPHY	\$10.33	
77055		MAMMOGRAM ONE BREAST	\$74.46	
77056		MAMMOGRAM BOTH BREASTS	\$97.37	
77057		MAMMOGRAM SCREENING	\$80.56	
77063		BREAST TOMOSYNTHESIS BI	\$52.13	
77065		DX MAMMO INCL CAD UNI	\$74.46	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
77066		DX MAMMO INCL CAD BI	\$97.37	
77067		SCR MAMMO BI INCL CAD	\$80.56	
78267		BREATH TST ATTAIN/ANAL C-14	\$11.41	
78268		BREATH TEST ANALYSIS C-14	\$97.79	
80047		METABOLIC PANEL IONIZED CA	\$12.73	
80048		BASIC METABOLIC PANEL	\$12.28	
80050		GENERAL HEALTH PANEL	\$56.47	
80051		ELECTROLYTE PANEL	\$10.18	
80053		COMPREHEN METABOLIC PANEL	\$15.34	
80055		OBSTETRIC PROFILE	\$45.56	
80061		LIPID PROFILE	\$19.44	
80069		RENAL FUNCTION PANEL	\$12.60	
80074		ACUTE HEPATITIS PANEL	\$68.19	
80076		HEPATIC FUNCTION PANEL	\$11.86	
80081		OBSTETRIC PANEL	\$94.25	
80150		AMIKACIN	\$21.89	
80156		ASSAY CARBAMAZEPINE TOTAL	\$21.14	
80157		ASSAY CARBAMAZEPINE FREE	\$19.45	
80158		DRUG ASSAY CYCLOSPORINE	\$26.21	
80159		DRUG ASSAY CLOZAPINE	\$23.70	
80162		ASSAY OF DIGOXIN TOTAL	\$19.28	
80163		ASSAY OF DIGOXIN FREE	\$16.98	
80164		ASSAY DIPROPYLACETIC ACID	\$19.67	
80165		DIPROPYLACETIC ACID FREE	\$17.33	
80168		ETHOSUXIMIDE	\$23.42	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
80170		ASSAY OF GENTAMICIN	\$22.02	
80173		ASSAY OF HALOPERIDOL	\$21.37	
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$17.00	
80176		ASSAY OF LIDOCAINE	\$21.32	
80177		DRUG SCRN QUAN LEVETIRACETAM	\$17.00	
80178		ASSAY OF LITHIUM	\$9.59	
80183		DRUG SCRN QUANT OXCARBAZEPIN	\$17.00	
80184		ASSAY OF PHENOBARBITAL	\$16.63	
80185		ASSAY OF PHENYTOIN TOTAL	\$18.42	
80186		ASSAY OF PHENYTOIN FREE	\$18.43	
80188		ASSAY OF PRIMIDONE	\$24.08	
80190		ASSAY OF PROCAINAMIDE	\$24.32	
80192		ASSAY OF PROCAINAMIDE	\$24.32	
80194		ASSAY OF QUINIDINE	\$19.83	
80195		ASSAY OF SIROLIMUS	\$20.14	
80197		ASSAY OF TACROLIMUS	\$19.92	
80198		ASSAY OF THEOPHYLLINE	\$20.54	
80200		ASSAY OF TOBRAMYCIN	\$23.40	
80201		ASSAY OF TOPIRAMATE	\$17.30	
80202		ASSAY OF VANCOMYCIN	\$19.67	
80203		DRUG SCREEN QUANT ZONISAMIDE	\$17.00	
80299		QUANTITATIVE ASSAY DRUG	\$19.86	
80400		ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	\$38.41	
80402		ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	\$87.84	
80406		ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE	\$61.90	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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			SY17 PRICE	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE IN	\$182.19	
80410		CALCITONIN STIMUL PANEL	\$108.64	
80412		CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	\$451.67	
80414		CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE	\$74.96	
80415		CHORIONIC GONADOTROPHIN STIMULATION PANEL; ESTRADIOL RE	\$81.13	
80416		RENIN STIMULATION PANEL	\$191.62	
80417		RENIN STIMULATION PANEL	\$63.87	
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	\$823.51	
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	\$95.63	
80422		GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	\$66.91	
80424		GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	\$73.33	
80426		GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	\$215.52	
80428		GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION	\$96.82	
80430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATIO	\$113.89	
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	\$196.09	
80434		INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	\$124.48	
80435		INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	\$149.48	
80436		METYRAPONE PANEL	\$123.40	
80438		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	\$73.15	
80439		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	\$97.52	
81000		URINALYSIS NONAUTO W/SCOPE	\$4.59	
81001		URINALYSIS AUTO W/SCOPE	\$4.59	
81002		ROUTINE URINALYSIS W/O MICRO	\$3.72	
81003		URINALYSIS AUTO W/O SCOPE	\$3.26	
81005		URINALYSIS CHEMICAL QUALITATIVE	\$2.70	

FEE SCHEDULE

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		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
81007		URINALYSIS BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE	\$3.73	
81015		MICROSCOPIC URINE EXAM	\$4.41	
81020		URINALYSIS GLASS TEST	\$5.41	
81025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	\$6.31	
81050		URINALYSIS VOLUME MEASURE	\$4.34	
81099		UNLISTED URINALYSIS PROCEDURE	\$12.14	
81162		BRCA1&2 SEQ & FULL DUP/DEL	\$2,297.68	
81170		ABL1 GENE	\$304.57	
81206		BCR/ABL1 GENE MAJOR BP	\$210.17	
81211		BRCA1&2 SEQ & COM DUP/DE	\$2,012.46	
81212		BRCA1&2 185&5385&6174 VA	\$158.63	
81213		BRCA1&2 UNCOM DUP/DEL VA	\$523.13	
81214		BRCA1 FULL SEQ & COM DUP	\$1,291.09	
81215		BRCA1 GENE KNOWN FAM VAR	\$83.71	
81216		BRCA2 GENE FULL SEQUENCE	\$2,397.32	
81217		BRCA2 GENE KNOWN FAM VAR	\$83.71	
81218		CEBPA GENE FULL SEQUENCE	\$304.57	
81219		CALR GENE COM VARIANTS	\$153.14	
81220		CFTR GENE COM VARIANTS	\$218.66	
81223		CFTR GENE FULL SEQUENCE	\$1,694.32	
81224		CFTR GENE INTRON POLY T	\$0.00	
81229		CYTOGEN M ARRAY COPY NO&SNP	\$1,114.59	
81235		EGFR GENE COM VARIANTS	\$310.05	
81240		F2 GENE	\$63.08	
81241		F5 GENE	\$78.33	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
81245		FLT3 GENE	\$155.89	
81246		FLT3 GENE ANALYSIS	\$0.00	
81257		HBA1/HBA2 GENE	\$185.61	
81270		JAK2 GENE	\$127.93	
81272		KIT GENE TARGETED SEQ ANALYS	\$304.57	
81273		KIT GENE ANALYS D816 VARIANT	\$115.41	
81276		KRAS GENE ADDL VARIANTS	\$164.16	
81287		MGMT GENE METHYLATION AN	\$0.00	
81288		MLH1 GENE	\$0.00	
81291		MTHFR GENE	\$55.95	
81292		MLH1 GENE FULL SEQ	\$0.00	
81293		MLH1 GENE KNOWN VARIANTS	\$0.00	
81294		MLH1 GENE DUP/DELETE VAR	\$0.00	
81295		MSH2 GENE FULL SEQ	\$0.00	
81296		MSH2 GENE KNOWN VARIANTS	\$0.00	
81297		MSH2 GENE DUP/DELETE VAR	\$0.00	
81298		MSH6 GENE FULL SEQ	\$0.00	
81299		MSH6 GENE KNOWN VARIANTS	\$0.00	
81300		MSH6 GENE DUP/DELETE VAR	\$0.00	
81301		MICROSATELLITE INSTABILI	\$0.00	
81302		MECP2 GENE FULL SEQ	\$0.00	
81303		MECP2 GENE KNOWN VARIANT	\$0.00	
81304		MECP2 GENE DUP/DELET VAR	\$0.00	
81310		NPM1 GENE	\$232.20	
81311		NRAS GENE VARIANTS EXON 2&3	\$246.23	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
81313		PCA3/KLK3 ANTIGEN	\$0.00	
81314		PDGFRA GENE	\$304.57	
81317		PMS2 GENE FULL SEQ ANALY	\$0.00	
81318		PMS2 KNOWN FAMILIAL VARI	\$0.00	
81319		PMS2 GENE DUP/DELET VARI	\$0.00	
81321		PTEN GENE FULL SEQUENCE	\$0.00	
81322		PTEN GENE KNOWN FAM VARI	\$0.00	
81323		PTEN GENE DUP/DELET VARI	\$0.00	
81324		PMP22 GENE DUP/DELET	\$0.00	
81325		PMP22 GENE FULL SEQUENCE	\$0.00	
81326		PMP22 GENE KNOWN FAM VAR	\$0.00	
81327		SEPT9 METHYLATION ANALYS	\$0.00	
81330		SMPD1 GENE COMMON VARIAN	\$0.00	
81370		HLA I & II TYPING LR	\$515.44	
81376		HLA II TYPING 1 LOCUS LR	\$156.67	
81379		HLA I TYPING COMPLETE HR	\$429.88	
81380		HLA I TYPING 1 LOCUS HR	\$227.19	
81400		MOPATH PROCEDURE LEVEL 1	\$91.53	
81402		MOPATH PROCEDURE LEVEL 3	\$109.87	
81403		MOPATH PROCEDURE LEVEL 4	\$103.75	
81404		MOPATH PROCEDURE LEVEL 5	\$247.52	
81406		MOPATH PROCEDURE LEVEL 7	\$393.93	
81410		AORTIC DYSFUNCTION/DILATION	\$0.00	
81411		AORTIC DYSFUNCTION/DILATION	\$0.00	
81412		ASHKENAZI JEWISH ASSOC DIS	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
81415		EXOME SEQUENCE ANALYSIS	\$0.00	
81416		EXOME SEQUENCE ANALYSIS	\$0.00	
81417		EXOME RE-EVALUATION	\$0.00	
81425		GENOME SEQUENCE ANALYSIS	\$0.00	
81426		GENOME SEQUENCE ANALYSIS	\$0.00	
81427		GENOME RE-EVALUATION	\$0.00	
81435		HEREDITARY COLON CA DSORDRS	\$0.00	
81436		HEREDITARY COLON CA DSORDRS	\$0.00	
81440		MITOCHONDRIAL GENE	\$0.00	
81445		TARGETED GENOMIC SEQ ANALYS	\$0.00	
81450		TARGETED GENOMIC SEQ ANALYS	\$0.00	
81455		TARGETED GENOMIC SEQ ANALYS	\$0.00	
81460		WHOLE MITOCHONDRIAL GENOME	\$0.00	
81465		WHOLE MITOCHONDRIAL GENOME	\$0.00	
81479		UNLISTED MOLECULAR PATHOLOGY	\$621.97	
81504		ONCOLOGY TISSUE OF ORIGI	\$0.00	
81511		FTL CGEN ABNOR FOUR ANAL	\$125.79	
81519		ONCOLOGY BREAST MRNA	\$0.00	
81528		ONCOLOGY COLORECTAL SCR	\$452.24	
81535		ONCOLOGY GYNECOLOGIC	\$0.00	
81536		ONCOLOGY GYNECOLOGIC	\$0.00	
81538		ONCOLOGY LUNG	\$0.00	
81539		ONCOLOGY PROSTATE PROB S	\$0.00	
81595		CARDIOLOGY HRT TRNSPL MRNA	\$0.00	
82009		ACETONE,QUALITATIVE	\$6.56	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82010		ACETONE BLOOD	\$11.29	
82013		ACETLCHOLINESTERASE	\$16.22	
82016		ACYLCARNITINES QUAL	\$20.13	
82017		ACYLCARNITINES QUANT	\$8.39	
82024		ASSAY OF ACTH	\$56.07	
82030		ASSAY OF ADP & AMP	\$16.38	
82040		ASSAY OF SERUM ALBUMIN	\$7.19	
82042		ASSAY OF URINE ALBUMIN	\$7.52	
82043		MICROALBUMIN QUANTITATIVE	\$8.40	
82044		MICROALBUMIN SEMIQUANT	\$6.66	
82045		ALBUMIN ISCHEMIA MODIFIED	\$49.83	
82075		ASSAY OF BREATH ETHANOL	\$17.51	
82085		ALDOLASE, KINETIC ULTRAVIOLET	\$14.09	
82088		ASSAY OF ALDOSTERONE	\$59.17	
82103		ALPHA-1-ANTITRYPSIN TOTAL	\$19.49	
82104		ALPHA-1-ANTITRYPSIN PHENO	\$20.99	
82105		ALPHA-FETOPROTEIN SERUM	\$24.35	
82106		ALPHA-FETOPROTEIN AMNIOTIC	\$24.35	
82107		AFP-L3 FRACTION ISOFORM & TOTAL AFP	\$94.54	
82108		ASSAY OF ALUMINUM	\$36.99	
82120		AMINES VAGINAL FLUID QUAL	\$3.64	
82127		AMINO ACID SINGLE QUAL	\$20.13	
82128		AMINO ACIDS MULT QUAL	\$20.13	
82131		AMINO ACIDS SINGLE QUANT	\$8.39	
82135		ASSAY AMINOLEVULINIC ACID	\$23.91	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82136		AMINO ACIDS QUANT 2-5	\$8.39	
82139		AMINO ACIDS QUAN 6 OR MORE	\$8.39	
82140		AMMONIA BLOOD	\$21.16	
82143		AMINIOTIC FLUID SCAN	\$9.44	
82150		AMYLASE BLOOD QUANTITATIVE	\$9.41	
82154		ANDROSTANEDIOL GLUCURONIDE	\$41.86	
82157		ANDROSTENEDIONE RIA	\$42.51	
82160		ASSAY OF ANDROSTERONE	\$36.30	
82163		ANGIOTENSIN II,RIA	\$27.86	
82164		ANGIOTENSIN-CONVERTING ENZYME	\$21.19	
82175		ARSENIC	\$27.55	
82180		ASCORBIC ACID BLOOD	\$14.36	
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$21.64	
82232		ASSAY OF BETA-2 PROTEIN	\$23.49	
82239		BILE ACIDS TOTAL	\$10.36	
82240		BILE ACIDS CHOLYLGLYCINE	\$38.58	
82247		BILIRUBIN TOTAL	\$7.29	
82248		BILIRUBIN DIRECT	\$7.29	
82252		BILIRUBIN, FECES, QUALITATIVE	\$6.59	
82261		ASSAY OF BIOTINIDASE	\$8.55	
82270		OCCULT BLOOD FECES	\$3.68	
82271		OCCULT BLOOD OTHER SOURCES	\$3.98	
82272		OCCULT BLD FECES 1-3 TESTS	\$3.98	
82274		ASSAY TEST FOR BLOOD FECAL	\$23.34	
82286		BRADYKININ	\$8.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82300		ASSAY OF CADMIUM	\$33.59	
82306		VITAMIN D 25 HYDROXY	\$42.98	
82308		CALCITONIN,RIA	\$34.30	
82310		ASSAY OF CALCIUM	\$7.49	
82330		ASSAY OF CALCIUM	\$19.83	
82331		CALCIUM AFTER CALCIUM INFUSION TEST	\$7.52	
82340		ASSAY OF CALCIUM IN URINE	\$6.78	
82355		CALCULUS ANALYSIS QUAL	\$14.59	
82360		CALCULUS ASSAY QUANT	\$18.70	
82365		CALCULUS SPECTROSCOPY	\$18.72	
82370		X-RAY ASSAY CALCULUS	\$18.20	
82373		ASSAY C-D TRANSFER MEASURE	\$26.51	
82374		ASSAY BLOOD CARBON DIOXIDE	\$7.10	
82375		ASSAY CARBOXYHB QUANT	\$15.86	
82376		ASSAY CARBOXYHB QUAL	\$8.70	
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	\$27.55	
82379		ASSAY OF CARNITINE	\$8.39	
82380		ASSAY OF CAROTENE	\$13.39	
82382		ASSAY URINE CATECHOLAMINES	\$24.96	
82383		ASSAY BLOOD CATECHOLAMINES	\$36.37	
82384		ASSAY THREE CATECHOLAMINES	\$36.66	
82387		ASSAY OF CATHEPSIN-D	\$11.08	
82390		ASSAY OF CERULOPLASMIN	\$15.60	
82397		CHEMILUMINESCENT ASSAY	\$20.51	
82415		ASSAY OF CHLORAMPHENICOL	\$18.39	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82435		ASSAY OF BLOOD CHLORIDE	\$6.68	
82436		ASSAY OF URINE CHLORIDE	\$7.30	
82438		ASSAY OTHER FLUID CHLORIDES	\$7.10	
82441		CHLORINATED HYDROCARBONS,SCREEN	\$8.72	
82465		ASSAY BLD/SERUM CHOLESTEROL	\$6.33	
82480		ASSAY SERUM CHOLINESTERASE	\$11.44	
82482		ASSAY RBC CHOLINESTERASE	\$11.16	
82485		ASSAY CHONDROITIN SULFATE	\$8.00	
82495		ASSAY OF CHROMIUM	\$29.44	
82507		ASSAY OF CITRATE	\$8.00	
82523		COLLAGEN CROSSLINKS	\$27.14	
82525		ASSAY OF COPPER	\$18.00	
82528		ASSAY OF CORTICOSTERONE	\$8.00	
82530		CORTISOL FREE	\$24.27	
82533		CORTISOL;RIA,PLASMA	\$18.05	
82540		ASSAY OF CREATINE	\$6.73	
82542		COL CHROMOTOGRAPHY QUAL/QUAN	\$26.22	
82550		ASSAY OF CK (CPK)	\$9.56	
82552		ASSAY OF CPK IN BLOOD	\$19.44	
82553		CREATINE MB FRACTION	\$16.75	
82554		CREATINE ISOFORMS	\$17.22	
82565		ASSAY OF CREATININE	\$7.44	
82570		ASSAY OF URINE CREATININE	\$7.52	
82575		CREATININE,CLEARANCE *	\$13.56	
82585		ASSAY OF CRYOFIBRINOGEN	\$12.46	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82595		ASSAY OF CRYOGLOBULIN	\$8.82	
82600		ASSAY OF CYANIDE	\$28.17	
82607		CYANOCOBALAMIN;RIA	\$21.89	
82608		CYANOCOBALAMIN UNSATURATED BIND CAP	\$20.80	
82610		CYSTATIN C	\$16.24	
82615		CYSTINE,URINE,QUALITATIVE	\$11.86	
82626		DEHDROEPIANDROSTERONE,RIA	\$8.44	
82627		DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$32.27	
82633		DESOXYCORTICOSTERONE,11-RIA	\$44.96	
82634		DESOXYCORTISOL,11-(COMPOND S),RIA	\$42.51	
82638		ASSAY OF DIBUCAINE NUMBER	\$17.78	
82652		VIT D 1 25-DIHYDROXY	\$55.87	
82656		PANCREATIC ELASTASE FECAL	\$16.94	
82657		ENZYME CELL ACTIVITY	\$26.22	
82658		ENZYME CELL ACTIVITY RA	\$26.22	
82664		ELECTROPHORETIC TECHNIQUE,NOS	\$49.88	
82668		ASSAY OF ERYTHROPOIETIN	\$27.28	
82670		ASSAY OF ESTRADIOL	\$40.57	
82671		ASSAY OF ESTROGENS	\$46.89	
82672		ASSAY OF ESTROGEN	\$21.62	
82677		ASSAY OF ESTRIOL	\$35.12	
82679		ASSAY OF ESTRONE	\$36.24	
82693		ASSAY OF ETHYLENE GLYCOL	\$21.63	
82696		ASSAY OF ETIOCHOLANOLONE	\$34.25	
82705		FATS/LIPIDS FECES QUAL	\$4.35	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82710		FATS/LIPIDS FECES QUANT	\$24.39	
82715		ASSAY OF FECAL FAT	\$25.00	
82725		ASSAY OF BLOOD FATTY ACIDS	\$17.13	
82726		LONG CHAIN FATTY ACIDS	\$26.22	
82728		ASSAY OF FERRITIN	\$19.78	
82731		ASSAY OF FETAL FIBRONECTIN	\$21.89	
82735		ASSAY OF FLUORIDE	\$26.93	
82746		ASSAY OF FOLIC ACID SERUM	\$21.35	
82747		ASSAY OF FOLIC ACID RBC	\$23.16	
82757		ASSAY OF SEMEN FRUCTOSE	\$25.18	
82759		ASSAY OF RBC GALACTOKINASE	\$8.00	
82760		ASSAY OF GALACTOSE	\$16.25	
82775		GALACTOSE-1-PO4 URIDYL TRANSFERASE	\$25.74	
82776		GALACTOSE-1-PHOSPHATE URIDYL SCREEN	\$8.00	
82777		GALECTIN 3	\$0.00	
82784		ASSAY IGA/IGD/IGG/IGM EACH	\$13.49	
82785		ASSAY OF GAMMAGLOBULIN IGE	\$23.19	
82787		IGG 1 2 3 OR 4 EACH	\$6.76	
82800		GASES,BLOOD,LH,ARTERIA OR RENOUS	\$12.29	
82803		BLOOD GASES ANY COMBINATION	\$28.41	
82805		BLOOD GASES W/O2 SATURATION	\$39.24	
82810		BLOOD GASES O2 SAT ONLY	\$9.67	
82820		HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATU	\$13.34	
82930		GASTRIC ANALY W/PH EA SPEC	\$8.07	
82938		GASTRIN (SERUM) AFTER SECRETIN STIMULATION (EG, FOR GAS	\$25.71	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
82941		GASTRIN,RIA	\$25.60	
82943		GLUCAGON,RIA	\$5.12	
82945		GLUCOSE OTHER FLUID	\$5.75	
82946		GLUCAGON TOLERANCE TEST	\$21.89	
82947		ASSAY GLUCOSE BLOOD QUANT	\$5.70	
82948		GLUCOSE,BLOOD,STICK TEST	\$4.59	
82950		GLUCOSE,POST GLUCOSE TEST	\$6.89	
82951		GLUCOSE TOLERANCE TEST,3 SPECIMENS	\$18.70	
82952		GLUCOSE TOLERANCE TEST,E/ADDITIONAL	\$3.21	
82955		ASSAY OF G6PD ENZYME	\$14.07	
82960		G6PD SCREEN	\$8.81	
82962		GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED	\$2.72	
82963		ASSAY OF GLUCOSIDASE	\$31.19	
82965		ASSAY OF GDH ENZYME	\$11.21	
82977		GAMMA-GLUTAMYL TRANSPEPTIDASE (GGT)	\$10.45	
82978		ASSAY OF GLUTATHIONE	\$8.00	
82979		ASSAY RBC GLUTATHIONE	\$8.00	
82985		ASSAY OF GLYCATED PROTEIN	\$21.89	
83001		ASSAY OF GONADOTROPIN (FSH)	\$26.99	
83002		ASSAY OF GONADOTROPIN (LH)	\$26.90	
83003		ASSAY GROWTH HORMONE (HGH)	\$24.21	
83006		GROWTH STIMULATION GENE 2	\$28.12	
83009		H PYLORI (C-13) BLOOD	\$98.86	
83010		ASSAY OF HAPTOGLOBIN QUANT	\$18.26	
83012		ASSAY OF HAPTOGLOBINS	\$24.96	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
83013		H PYLORI (C-13) BREATH	\$98.86	
83014		H PYLORI DRUG ADMIN/COLLECT	\$11.41	
83015		HEAVY METAL SCREEN, CHEMICAL	\$27.34	
83018		QUANTITATIVE SCREEN METALS	\$31.88	
83020		ELECTROPHORESIS HEMOGLOBIN	\$5.96	
83021		HEMOGLOBIN CHROMOTOGRAPHY	\$26.22	
83026		HEMOGLOBIN COPPER SULFATE	\$3.42	
83030		FETAL HEMOGLOBIN CHEMICAL	\$12.02	
83033		FETAL HEMOGLOBIN ASSAY QUAL	\$8.66	
83036		HEMOGLOBIN, GLYCOSYLATED	\$12.80	
83037		GLYCOSYLATED HB HOME DEVICE	\$13.66	
83045		HEMOGLOBIN,METHEMOGLOBIN,QUALITATIVE	\$7.19	
83050		HEMOGLOBIN,METHEMOGLOBIN,QUANT.	\$5.71	
83051		ASSAY OF PLASMA HEMOGLOBIN	\$10.62	
83060		HEMOGLOBIN,SULFHEMOGLOBIN,QUANT.	\$12.02	
83065		ASSAY OF HEMOGLOBIN HEAT	\$8.00	
83068		HEMOGLOBIN,UNSTABLE,SCREEN	\$12.29	
83069		ASSAY OF URINE HEMOGLOBIN	\$3.43	
83070		ASSAY OF HEMOSIDERIN QUAL	\$5.12	
83080		ASSAY OF B HEXOSAMINIDASE	\$8.39	
83088		ASSAY OF HISTAMINE	\$36.97	
83090		ASSAY OF HOMOCYSTINE	\$24.76	
83150		ASSAY OF HOMOVANILLIC ACID	\$28.08	
83491		ASSAY OF CORTICOSTEROIDS 17	\$25.43	
83497		ASSAY OF 5-HIAA	\$18.72	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
83498		ASSAY OF PROGESTERONE 17-D	\$23.42	
83499		ASSAY OF PROGESTERONE 20-	\$36.59	
83500		ASSAY FREE HYDROXYPROLINE	\$32.88	
83505		ASSAY TOTAL HYDROXYPROLINE	\$35.29	
83516		IMMUNOASSAY NONANTIBODY	\$16.75	
83518		IMMUNOASSAY DIPSTICK	\$12.30	
83519		IMMUNOASSAY, NONANTIBODY	\$11.06	
83520		IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	\$18.23	
83525		INSULIN,RIA	\$16.61	
83527		INSULIN; FREE	\$18.80	
83528		ASSAY OF INTRINSIC FACTOR	\$23.08	
83540		ASSAY OF IRON	\$8.52	
83550		IBC-SERUM-CHEMICAL *	\$11.75	
83570		ASSAY OF IDH ENZYME	\$10.94	
83582		ASSAY OF KETOGENIC STEROIDS	\$20.58	
83586		ASSAY 17- KETOSTEROIDS	\$18.58	
83593		FRACTIONATION KETOSTEROIDS	\$38.18	
83605		ASSAY OF LACTIC ACID	\$15.51	
83615		LDH-BLOOD-KINETIC ULTRAVIOLET *	\$8.77	
83625		ASSAY OF LDH ENZYMES	\$18.58	
83630		LACTOFERRIN FECAL (QUAL)	\$28.81	
83631		LACTOFERRIN FECAL (QUANT)	\$28.81	
83632		LACTOGEN,PLACENTAL(HPL),RIA	\$29.34	
83633		LACTOSE,URINE;QUALITATIVE	\$3.43	
83655		ASSAY OF LEAD	\$17.56	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
83661		L/S RATIO FETAL LUNG	\$31.91	
83662		FOAM STABILITY FETAL LUNG	\$27.76	
83663		FLUORO POLARIZE FETAL LUNG	\$27.76	
83664		LAMELLAR BDY FETAL LUNG	\$27.76	
83670		ASSAY OF LAP ENZYME	\$13.30	
83690		ASSAY OF LIPASE	\$10.00	
83695		ASSAY OF LIPOPROTEIN(A)	\$19.00	
83698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	\$49.83	
83700		LIPOPRO BLD ELECTROPHORETIC	\$16.52	
83701		LIPOPROTEIN BLD HR FRACTION	\$36.44	
83704		LIPOPROTEIN BLD BY NMR	\$46.30	
83718		ASSAY OF LIPOPROTEIN	\$9.61	
83719		ASSAY OF BLOOD LIPOPROTEIN	\$16.89	
83721		ASSAY OF BLOOD LIPOPROTEIN	\$13.85	
83727		ASSAY OF LRH HORMONE	\$24.96	
83735		ASSAY OF MAGNESIUM	\$9.73	
83775		ASSAY MALATE DEHYDROGENASE	\$10.71	
83785		MANGANE-BLOOD OR URINE	\$25.74	
83789		MASS SPECTROMETRY QUAL/QUAN	\$26.22	
83825		ASSAY OF MERCURY	\$23.60	
83835		ASSAY OF METANEPHRINES	\$21.62	
83857		ASSAY OF METHEMALBUMIN	\$13.69	
83861		MICROFLUID ANALY TEARS	\$24.42	
83864		MUCOPOLYSACCHARIDES-ACID-BLOOD	\$25.74	
83872		MUCIN,SYNOVIAL FLUID (ROPE TEST)	\$8.50	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
83873		ASSAY OF CSF PROTEIN	\$24.98	
83874		ASSAY OF MYOGLOBIN	\$18.74	
83876		ASSAY MYELOPEROXIDASE	\$50.17	
83880		ASSAY OF NATRIURETIC PEPTIDE	\$49.83	
83883		ASSAY NEPHELOMETRY NOT SPEC	\$15.21	
83885		ASSAY OF NICKEL	\$35.57	
83915		ASSAY OF NUCLEOTIDASE	\$16.20	
83916		OLIGOCLONAL IMMUNE GLOBULIN	\$29.19	
83918		ORGANIC ACIDS TOTAL QUANT	\$17.13	
83919		ORGANIC ACIDS QUAL EACH	\$18.29	
83921		ORGANIC ACID SINGLE QUANT	\$18.29	
83930		ASSAY OF BLOOD OSMOLALITY	\$8.57	
83935		ASSAY OF URINE OSMOLALITY	\$8.57	
83937		ASSAY OF OSTEOCALCIN	\$43.35	
83945		ASSAY OF OXALATE	\$18.70	
83950		ONCOPROTEIN HER-2/NEU	\$94.54	
83951		ONCOPROTEIN DCP	\$96.91	
83970		PARATHORMONE,RIA	\$59.93	
83986		ASSAY OF BODY FLUID ACIDITY	\$5.21	
83987		EXHALED BREATH CONDENSATE	\$23.90	
83992		PHENCYCLIDINE (PCP)	\$21.34	
83993		ASSAY FOR CALPROTECTIN FECAL	\$28.81	
84030		ASSAY OF BLOOD PKU	\$5.39	
84035		ASSAY OF PHENYLKETONES	\$5.12	
84060		ACID PHOSPATASE-BLOOD *	\$10.72	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
84061		PHOSPHATASE FORENSIC EXAM	\$11.13	
84066		PHOSPHATASE,ACID,BLD, PROST FRAC RIA	\$14.02	
84075		ALKALINE PHOSPHATASE-BLOOD *	\$7.52	
84078		PHOSPHATASE,HEAT STABLE	\$10.36	
84080		ALKALINE PHOSPHATASE-FRACTIONATED	\$21.47	
84081		ASSAY PHOSPHATIDYLGLYCEROL	\$23.99	
84085		ASSAY OF RBC PG6D ENZYME	\$9.79	
84087		PHOSPHOHEXOSE ISOMERASE	\$14.99	
84100		ASSAY OF PHOSPHORUS	\$6.89	
84105		ASSAY OF URINE PHOSPHORUS	\$7.52	
84106		PORPHOBILINOGEN-URINE-QUALITATIVE	\$4.35	
84110		ASSAY OF PORPHOBILINOGEN	\$8.57	
84112		PLACENTA ALPHA MICRO IG C/V	\$95.20	
84119		PORPHYRINS,COPRO-,URINE;QUALITATIVE	\$12.51	
84120		ASSAY OF URINE PORPHYRINS	\$21.36	
84126		ASSAY OF FECES PORPHYRINS	\$36.97	
84132		ASSAY OF SERUM POTASSIUM	\$6.68	
84133		ASSAY OF URINE POTASSIUM	\$6.23	
84134		ASSAY OF PREALBUMIN	\$7.78	
84135		ASSAY OF PREGNANEDIOL	\$27.77	
84138		ASSAY OF PREGNANETRIOL	\$27.48	
84140		ASSAY OF PREGNENOLONE	\$11.75	
84143		ASSAY OF 17-HYDROXYPREGNENO	\$11.75	
84144		ASSAY OF PROGESTERONE	\$30.30	
84145		PROCALCITONIN (PCT)	\$36.87	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
84146		ASSAY OF PROLACTIN	\$28.12	
84150		PROSTAGLANDIN,ANY ONE,RIA	\$8.00	
84152		ASSAY OF PSA COMPLEXED	\$27.00	
84153		ASSAY OF PSA TOTAL	\$26.69	
84154		ASSAY OF PSA FREE	\$26.69	
84155		ASSAY OF PROTEIN SERUM	\$5.31	
84156		ASSAY OF PROTEIN URINE	\$5.37	
84157		ASSAY OF PROTEIN OTHER	\$5.37	
84160		ASSAY OF PROTEIN ANY SOURCE	\$5.12	
84163		PAPPA SERUM	\$22.10	
84165		PROTEIN E-PHORESIS SERUM	\$15.60	
84166		PROTEIN E-PHORESIS/URINE/CSF	\$26.18	
84181		PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT,	\$20.62	
84182		PROTEIN WESTERN BLOT TEST	\$20.62	
84202		PROTOPORPHYRIN,RBC,QUANTITATIVE	\$20.83	
84203		PROTOPORPHYRIN,SCREEN	\$8.00	
84206		PROINSULIN,RIA	\$23.64	
84207		ASSAY OF VITAMIN B-6	\$40.78	
84210		ASSAY OF PYRUVATE	\$12.91	
84220		ASSAY OF PYRUVATE KINASE	\$12.91	
84228		ASSAY OF QUININE	\$8.00	
84233		ASSAY OF ESTROGEN	\$94.54	
84234		ASSAY OF PROGESTERONE	\$95.21	
84235		ASSAY OF ENDOCRINE HORMONE	\$75.96	
84238		ASSAY NONENDOCRINE RECEPTOR	\$53.09	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
84244		RENIN(RIA)	\$31.93	
84252		ASSAY OF VITAMIN B-2	\$29.37	
84255		ASSAY OF SELENIUM	\$37.06	
84260		ASSAY OF SEROTONIN	\$44.96	
84270		ASSAY OF SEX HORMONE GLOBUL	\$31.55	
84275		ASSAY OF SIALIC ACID	\$19.49	
84285		ASSAY OF SILICA	\$34.19	
84295		ASSAY OF SERUM SODIUM	\$6.99	
84300		ASSAY OF URINE SODIUM	\$7.07	
84302		ASSAY OF SWEAT SODIUM	\$7.13	
84305		ASSAY OF SOMATOMEDIN	\$27.00	
84307		ASSAY OF SOMATOSTATIN	\$25.78	
84311		SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$10.15	
84315		SPECIF GRAVITY-EXCLUDING URINE	\$3.64	
84375		CHROMATOGRAM ASSAY SUGARS	\$28.46	
84376		SUGARS SINGLE QUAL	\$3.64	
84377		SUGARS MULTIPLE QUAL	\$3.64	
84378		SUGARS SINGLE QUANT	\$16.72	
84379		SUGARS MULTIPLE QUANT	\$16.72	
84392		ASSAY OF URINE SULFATE	\$6.89	
84402		ASSAY OF FREE TESTOSTERONE	\$36.96	
84403		ASSAY OF TOTAL TESTOSTERONE	\$37.49	
84425		ASSAY OF VITAMIN B-1	\$12.91	
84430		ASSAY OF THIOCYANATE	\$12.04	
84431		THROMBOXANE URINE	\$19.47	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
84432		ASSAY OF THYROGLOBULIN	\$22.07	
84436		ASSAY OF TOTAL THYROXINE	\$7.66	
84437		ASSAY OF NEONATAL THYROXINE	\$8.95	
84439		ASSAY OF FREE THYROXINE	\$9.72	
84442		ASSAY OF THYROID ACTIVITY	\$11.92	
84443		THYROID STIMULATING HORMONE,RIA	\$24.39	
84445		ASSAY OF TSI GLOBULIN	\$73.83	
84446		ASSAY OF VITAMIN E	\$20.59	
84449		ASSAY OF TRANSCORTIN	\$26.13	
84450		SGOT-TIMED KINETIC UV METHOD *	\$7.51	
84460		SGPT-TIMED KINETIC UV METHOD *	\$7.68	
84466		ASSAY OF TRANSFERRIN	\$18.54	
84478		ASSAY OF TRIGLYCERIDES	\$8.35	
84479		ASSAY OF THYROID (T3 OR T4)	\$9.40	
84480		ASSAY TRIIODOTHYRONINE (T3)	\$19.96	
84481		TRIODOTHYRONINE, FT-3 RIA UNBOUND T3	\$24.60	
84482		T3 REVERSE	\$22.88	
84484		ASSAY OF TROPONIN QUANT	\$9.72	
84485		TRIPSIN-DUODENAL FLUID	\$10.89	
84488		TRYPSIN-FECES-QUALITATIVE 24-HR	\$8.57	
84490		ASSAY OF FECES FOR TRYPSIN	\$11.05	
84510		ASSAY OF TYROSINE	\$15.11	
84512		ASSAY OF TROPONIN QUAL	\$11.17	
84520		ASSAY OF UREA NITROGEN	\$5.72	
84525		BUN-STICK TEST *	\$3.43	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
84540		ASSAY OF URINE/UREA-N	\$6.89	
84545		UREA NITROGEN-URINE-CLEARANCE	\$9.58	
84550		ASSAY OF BLOOD/URIC ACID	\$6.56	
84560		ASSAY OF URINE/URIC ACID	\$6.89	
84577		ASSAY OF FECES/UROBILINOGEN	\$18.12	
84578		UROBILINOGEN-URINE-QUALITATIVE	\$4.35	
84580		ASSAY OF URINE UROBILINOGEN	\$10.30	
84583		ASSAY OF URINE UROBILINOGEN	\$7.30	
84585		ASSAY OF URINE VMA	\$22.51	
84586		ASSAY OF VIP	\$51.30	
84588		ASSAY OF VASOPRESSIN	\$49.28	
84590		ASSAY OF VITAMIN A	\$16.07	
84591		ASSAY OF NOS VITAMIN	\$17.02	
84597		ASSAY OF VITAMIN K	\$19.88	
84600		ASSAY OF VOLATILES	\$11.33	
84620		XYLOSE-TOLERANCE TEST-BLOOD	\$17.19	
84630		ASSAY OF ZINC	\$16.53	
84703		GONADOTROPIN, CHORIONIC; QUALITATIVE	\$10.90	
84704		HCG FREE BETACHAIN TEST	\$22.10	
84830		OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR	\$14.57	
85002		BLEEDING TIME;IVY	\$6.53	
85004		AUTOMATED DIFF WBC COUNT	\$9.49	
85007		BLOOD COUNT; DIFFERENTIAL WBC COUNT	\$5.00	
85008		BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIF	\$5.00	
85009		DIFFERENTIAL WBC COUNT,BUFFY COAT	\$5.40	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
85013		SPUN MICROHEMATOCRIT	\$3.43	
85014		BLOOD COUNT HEMATOCRIT	\$3.43	
85018		BLOOD COUNT, HEMOGLOBIN, COLORIMETRIC	\$3.43	
85025		BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AN	\$11.28	
85027		COMPLETE CBC AUTOMATED	\$9.40	
85032		MANUAL CELL COUNT EACH	\$6.32	
85041		BLOOD COUNT, RED BLOOD CELL (RBC)	\$4.36	
85044		BLOOD COUNT, RETICULOCYTE COUNT	\$6.23	
85045		BLOOD COUNT RETICULOCYTE COUNT, FLOW CYTOMETRY	\$5.81	
85046		RETICYTE/HGB CONCENTRATE	\$8.11	
85048		BLOOD COUNT, WHITE BLOOD CELL (WBC)	\$3.65	
85049		AUTOMATED PLATELET COUNT	\$6.56	
85055		RETICULATED PLATELET ASSAY	\$26.56	
85130		CHROMOGENIC SUBSTRATE ASSAY	\$9.72	
85170		CLOT RETRACTION	\$3.43	
85175		CLOT LYSIS TIME	\$6.59	
85210		CLOT FACTOR II PROTHROM SPEC	\$17.63	
85220		BLOOC CLOT FACTOR V TEST	\$25.61	
85230		CLOT FACTOR VII PROCONVERTIN	\$26.00	
85240		CLOT FACTOR VIII AHG 1 STAGE	\$26.00	
85244		CLOT FACTOR VIII RELTD ANTGN	\$29.65	
85245		CLOT FACTOR VIII VW RISTOCTN	\$33.33	
85246		CLOT FACTOR VIII VW ANTIGEN	\$33.33	
85247		CLOT FACTOR VIII MULTIMETRIC	\$33.33	
85250		CLOT FACTOR IX PTC/CHRSTMAS	\$27.64	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
85260		CLOT FACTOR X STUART-POWER	\$26.00	
85270		CLOT FACTOR XI PTA	\$26.00	
85280		CLOT FACTOR XII HAGEMAN	\$28.41	
85290		CLOT FACTOR XIII FIBRIN STAB	\$23.71	
85291		CLOT FACTOR XIII FIBRIN SCRN	\$12.90	
85292		CLOT FACTOR FLETCHER FACT	\$27.49	
85293		CLOT FACTOR WGHT KININOGEN	\$27.49	
85300		ANTITHROMBIN III ACTIVITY	\$16.78	
85301		ANTITHROMBIN III ANTIGEN	\$15.71	
85302		CLOT INHIBIT PROT C ANTIGEN	\$17.46	
85303		CLOT INHIBIT PROT C ACTIVITY	\$20.29	
85305		CLOT INHIBIT PROT S TOTAL	\$16.83	
85306		CLOT INHIBIT PROT S FREE	\$16.20	
85307		ASSAY ACTIVATED PROTEIN C	\$17.28	
85335		FACTOR INHIBITOR TEST	\$17.13	
85337		THROMBOMODULIN	\$15.14	
85345		COAGULATION TIME LEE & WHITE	\$4.87	
85347		COAGULATION TIME ACTIVATED	\$6.17	
85348		COAGULATION TIME OTR METHOD	\$5.40	
85360		EUGLOBULIN	\$12.19	
85362		FIBRIN DEGRADATION;AGGLUTINATION	\$10.00	
85366		FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); P	\$7.99	
85370		FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); Q	\$16.49	
85378		FIBRIN DEGRADE SEMIQUANT	\$10.35	
85379		FIBRIN DEGRADATION QUANT	\$11.15	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
85380		FIBRIN DEGRADJ D-DIMER	\$11.89	
85384		FIBRINOGEN ACTIVITY	\$12.32	
85385		FIBRINOGEN ANTIGEN	\$12.32	
85390		FIBRINOLYSINS SCREEN I&R	\$7.50	
85397		CLOTTING FUNCT ACTIVITY	\$34.53	
85400		FIBRINOLYTIC MECHANISMS-PLASMIN	\$11.91	
85410		FIBRINULYTIC MECHANISMS-ANTIPLASMIN	\$10.60	
85415		FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVA	\$24.96	
85420		FIBRINOLYTIC MECHANISMS-PLASMINOGEN	\$9.49	
85421		FIBRINOLYTIC MECHANISMS; PLASMINOGEN, ANTIGENIC ASSAY	\$14.78	
85441		HEINZ BODIES DIRECT	\$6.11	
85445		HEINZ BODIES INDUCED	\$9.90	
85460		HEMOGLOBIN FETAL	\$11.23	
85461		HEMOGLOBIN FETAL	\$9.63	
85475		HEMOLYSIN ACID	\$12.88	
85520		HEPARIN ASSAY	\$19.00	
85525		HEPARIN NEUTRALIZATION	\$17.20	
85530		HEPARIN-PROOTAMINE TOLRANCE TEST	\$20.59	
85536		IRON STAIN PERIPHERAL BLOOD	\$9.49	
85540		LEUKOCYTE ALKALINE PHOSPHATE	\$8.57	
85547		MECHANICAL FRAGILITY,RBC	\$12.49	
85549		MURAMIDASE,SERUM	\$27.23	
85555		OSMOTIC FRAGILITY,RBC	\$9.71	
85557		OSMOTIC FRAGILITY,RBC;INCUBATED,QUAN	\$19.39	
85576		PLATELET, AGGREGATION (IN VITRO), ANY AGENT	\$20.46	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
85597		PLATELET NEUTRALIZATION	\$21.16	
85598		HEXAGNAL PHOSPH PLTLT NEUTRL	\$22.73	
85610		PROTHROMBIN TIME	\$5.70	
85611		PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$5.72	
85612		PROTHROMBIN TIME;RUSSELL VIPER VENOM	\$13.32	
85613		RUSSELL VIPER VENOM DILUTED	\$13.31	
85635		REPTILASE TEST	\$14.31	
85651		RBC SED RATE NONAUTOMATED	\$5.16	
85652		RBC SED RATE AUTOMATED	\$3.91	
85660		SICKLE CELL TEST	\$8.01	
85670		THROMBIN TIME PLASMA	\$8.38	
85675		THROMBIN TIME TITER	\$9.95	
85705		THROMBOPLASTIN INHIBITION; TISSUE	\$8.00	
85730		THROMBOPLASTIN TIME PARTIAL	\$8.72	
85732		THROMBOPLASTIN TIME PARTIAL	\$9.40	
85810		BLOOD VISCOSITY EXAMINATION	\$13.17	
85999		UNLISTED HEMATOLOGY PROCEDURE	\$7.50	
86000		AGGLUTININS FEBRILE ANTIGEN	\$10.14	
86001		ALLERGEN SPECIFIC IGG	\$7.03	
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE, EACH PANEL OF UP T	\$6.95	
86005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREE	\$10.16	
86021		ANTIBODY IDENTIFICATION, LEUKOCYTE	\$17.63	
86022		ANTIBODY IDENTIFICATION, PLATELET	\$17.59	
86023		ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLO	\$16.78	
86038		ANTI NUCLEAR ANTIBODIES (ANA) RIA	\$17.55	

FEE SCHEDULE

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		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86039		ANTINUCLEAR ANTIBODIES (ANA); TITER	\$14.59	
86060		ANTISTREPTOLYSIN O TITER	\$10.61	
86063		ANTISTREPTOLYSIN O SCREEN	\$6.26	
86140		C-REACTIVE PROTEIN	\$5.64	
86141		C-REACTIVE PROTEIN HS	\$19.00	
86146		BETA-2 GLYCOPROTEIN ANTIBODY	\$23.54	
86147		CARDIOLIPIN ANTIBODY EA IG	\$22.07	
86148		ANTI-PHOSPHOLIPID ANTIBODY	\$23.32	
86155		CHEMOTAXIS ASSAY	\$17.98	
86156		COLD AGGLUTININ SCREEN	\$8.32	
86157		COLD AGGLUTININ TITER	\$8.32	
86160		COMPLEMENT ANTIGEN	\$15.63	
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$15.63	
86162		COMPLEMENT TOTAL (CH50)	\$29.50	
86171		COMPLEMENT FIXATION EACH	\$14.55	
86185		COUNTERELECTROPHORESIS,E/ANTIGEN	\$13.00	
86200		CCP ANTIBODY	\$19.00	
86215		DEOXYRIBONUCLEASE ANTIBODY	\$19.25	
86225		DNA ANTIBODY NATIVE	\$19.95	
86226		DNA ANTIBODY SINGLE STRAND	\$17.57	
86235		EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY	\$26.03	
86243		FC RECEPTOR ASSAY	\$8.00	
86255		FLUORESCENT ANTIBODY SCREEN	\$17.51	
86256		FLUORESCENT ANTIBODY TITER	\$14.59	
86277		GROWTH HORMONE,HUMAN(HGH)ANTIBDY RIA	\$22.85	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86280		HEMAGGLUTINATION INHIBITION	\$11.88	
86294		IMMUNOASSAY TUMOR QUAL	\$28.80	
86300		IMMUNOASSAY TUMOR CA 15-3	\$30.53	
86301		IMMUNOASSAY TUMOR CA 19-9	\$30.53	
86304		IMMUNOASSAY TUMOR CA 125	\$30.53	
86305		HUMAN EPIDIDYMIS PROTEIN 4	\$31.30	
86308		HETEROPHILE ANTIBODY SCREEN	\$7.52	
86309		HETEROPHILE ANTIBODY TITER	\$9.40	
86310		HETEROPHILE ANTIBODY ABSRBJ	\$10.71	
86316		IMMUNOASSAY TUMOR OTHER	\$30.21	
86317		IMMUNOASSAY INFECTIOUS AGENT	\$21.76	
86318		IMMUNOASSAY INFECTIOUS AGENT	\$18.79	
86320		IMMUNDELETROPHORESIS-SERUM	\$20.12	
86325		IMMUIOELECTROPHORESIS-URINE	\$19.41	
86327		IMMUNOELECTROPHORESIS; CROSSED (2 DIMENSIONAL ASSAY)	\$23.30	
86329		IMMUNODIFFUSION NES	\$20.38	
86331		IMMUNODIFFUSION;GEL DIFFUSION QUAL	\$8.00	
86332		IMMUNE COMPLEX ASSAY C1Q BINDING CELL	\$35.38	
86334		IMMUNOFIX E-PHORESIS SERUM	\$20.12	
86335		IMMUNFIX E-PHORSIS/URINE/CSF	\$43.07	
86336		INHIBIN A	\$19.00	
86337		INSULIN ANTIBODIES, RIA	\$30.18	
86340		INTRINSIC FACTOR ANTIBODIES, RIA	\$21.89	
86341		ISLET CELL ANTIBODY	\$28.71	
86343		LEUKOCYTE HISTAMINE RELEASE TEST	\$18.09	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86344		LEUKOCYTE PHAGOCYTOSIS	\$11.59	
86352		CELL FUNCTION ASSAY W/STIM	\$102.22	
86353		LYMPHOCYTE TRANSFORMATION	\$71.17	
86355		B CELLS TOTAL COUNT	\$55.36	
86356		MONONUCLEAR CELL ANTIGEN	\$26.56	
86357		NK CELLS TOTAL COUNT	\$55.36	
86359		T CELLS TOTAL COUNT	\$54.77	
86360		T CELL ABSOLUTE COUNT/RATIO	\$69.46	
86361		T CELL ABSOLUTE COUNT	\$26.25	
86367		STEM CELLS TOTAL COUNT	\$55.36	
86376		MICROSOMAL ANTIBODY EACH	\$21.13	
86378		MIGRATION INHIBITORY FACTOR TEST	\$26.88	
86382		NEUTRALIZATION TEST VIRAL	\$24.54	
86384		NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$16.53	
86403		PARTICLE AGGLUT ANTBDY SCRN	\$14.79	
86406		PARTICLE AGGLUT ANTBDY TITR	\$15.44	
86430		RHEUMATOID FACTOR TEST QUAL	\$8.00	
86431		RHEUMATOID FACTOR QUANT	\$7.99	
86480		TB TEST, CELL IMMUN MEASURE	\$90.93	
86481		TB AG RESPONSE T-CELL SUSP	\$110.74	
86590		STREPTOKINASE ANTIBODY	\$16.01	
86592		SYPHILIS,QUALITATIVE	\$6.19	
86593		SYPHILIS,QUANTITATIVE	\$6.40	
86602		ANTIBODY; ACTINOMYCES	\$14.77	
86603		ADENOVIRUS ANTIBODY	\$15.43	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86606		ANTIBODY; ASPIRGILLUS	\$8.00	
86609		BACTERIUM ANTIBODY	\$18.71	
86611		BARTONELLA ANTIBODY	\$14.94	
86612		BLASTOMYCES ANTIBODY	\$15.43	
86615		ANTIBODY; BORDETELLA	\$19.14	
86617		LYME DISEASE ANTIBODY	\$22.49	
86618		ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$25.01	
86619		ANTIBODY; BORRELIA (RELAPSING FEVER)	\$19.42	
86622		BRUCELLA ANTIBODY	\$11.25	
86625		CAMPYLOBACTER ANTIBODY	\$19.04	
86628		CANDIDA ANTIBODY	\$8.00	
86631		CHLAMYDIA ANTIBODY	\$14.59	
86632		CHLAMYDIA IGM ANTIBODY	\$14.59	
86635		COCCIDIOIDES ANTIBODY	\$15.43	
86638		ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$15.43	
86641		ANTIBODY; CRYPTOCOCCUS	\$19.80	
86644		ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$20.89	
86645		CMV ANTIBODY IGM	\$14.59	
86648		ANTIBODY; DIPTHERIA	\$22.09	
86651		ENCEPHALITIS CALIFORN ANTBDY	\$14.59	
86652		ENCEPHALTIS EAST EQNE ANBDY	\$14.59	
86653		ENCEPHALTIS ST LOUIS ANTBODY	\$14.59	
86654		ENCEPHALTIS WEST EQNE ANTBDY	\$14.59	
86658		ENTEROVIRUS ANTIBODY	\$15.43	
86663		ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$14.59	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86664		EPSTEIN-BARR NUCLEAR ANTIGEN	\$14.59	
86665		EPSTEIN-BARR CAPSID VCA	\$14.59	
86666		EHRLICHIA ANTIBODY	\$14.94	
86668		ANTIBODY; FRANCISELLA TULARENSIS	\$9.98	
86671		FUNGUS NES ANTIBODY	\$15.43	
86674		GIARDIA LAMBLIA ANTIBODY	\$14.59	
86677		HELICOBACTER PYLORI ANTIBODY	\$21.06	
86682		HELMINTH ANTIBODY	\$14.24	
86684		HEMOPHILUS INFLUENZA ANTIBDY	\$19.80	
86687		HTLV-I ANTIBODY	\$12.18	
86688		HTLV-II ANTIBODY	\$13.72	
86689		HTLV/HIV CONFIRMJ ANTIBODY	\$28.09	
86692		HEPATITIS DELTA AGENT ANTBDY	\$25.19	
86694		HERPES SIMPLEX NES ANTBDY	\$20.89	
86695		HERPES SIMPLEX TYPE 1 TEST	\$14.59	
86696		HERPES SIMPLEX TYPE 2 TEST	\$20.89	
86698		HISTOPLASMA ANTIBODY	\$15.43	
86701		HIV-1ANTIBODY	\$12.90	
86702		HIV-2 ANTIBODY	\$13.72	
86703		HIV-1/HIV-2 1 RESULT ANTBDY	\$13.72	
86704		HEP B CORE ANTIBODY TOTAL	\$17.51	
86705		HEP B CORE ANTIBODY IGM	\$17.10	
86706		HEP B SURFACE ANTIBODY	\$15.60	
86707		HEPATITIS BE ANTIBODY	\$16.79	
86708		HEPATITIS A ANTIBODY	\$17.98	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86709		HEPATITIS A IGM ANTIBODY	\$16.34	
86710		INFLUENZA VIRUS ANTIBODY	\$15.58	
86711		JOHN CUNNINGHAM ANTIBODY	\$19.14	
86713		LEGIONELLA ANTIBODY	\$14.59	
86717		LEISHMANIA ANTIBODY	\$14.59	
86720		LEPTOSPIRA ANTIBODY	\$19.14	
86723		LISTERIA MONOCYTOGENES	\$19.14	
86727		LYMPH CHORIOMENINGITIS AB	\$15.43	
86729		LYMPHO VENEREUM ANTIBODY	\$14.59	
86732		MUCORMYCOSIS ANTIBODY	\$8.00	
86735		MUMPS ANTIBODY	\$14.59	
86738		MYCOPLASMA ANTIBODY	\$19.24	
86741		ANTIBODY; NEISSERIA MENINGITIDIS	\$19.14	
86744		NOCARDIA ANTIBODY	\$19.14	
86747		PARVOVIRUS ANTIBODY	\$21.81	
86750		MALARIA ANTIBODY	\$19.14	
86753		PROTOZOA ANTIBODY NOS	\$14.24	
86756		RESPIRATORY VIRUS ANTIBODY	\$14.59	
86757		RICKETTSIA ANTIBODY	\$28.60	
86759		ROTAVIRUS ANTIBODY	\$19.14	
86762		RUBELLA ANTIBODY	\$20.89	
86765		RUBEOLA ANTIBODY	\$14.59	
86768		SALMONELLA ANTIBODY	\$19.14	
86771		SHIGELLA ANTIBODY	\$19.14	
86774		TETANUS ANTIBODY	\$21.48	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86777		TOXOPLASMA ANTIBODY	\$20.89	
86778		TOXOPLASMA ANTIBODY IGM	\$14.59	
86780		TREPONEMA PALLIDUM	\$19.92	
86784		TRICHINELLA ANTIBODY	\$8.00	
86787		VARICELLA-ZOSTER ANTIBODY	\$14.59	
86788		WEST NILE VIRUS AB IGM	\$15.58	
86789		WEST NILE VIRUS	\$21.13	
86790		VIRUS ANTIBODY NOS	\$15.58	
86793		YERSINIA ANTIBODY	\$19.14	
86800		THYROGLOBULIN ANTIBODY, RIA	\$23.08	
86803		HEPATITIS C AB TEST	\$20.74	
86804		HEP C AB TEST CONFIRM	\$22.49	
86805		LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRAT	\$75.92	
86806		LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TIT	\$69.09	
86807		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY	\$57.45	
86808		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY	\$43.09	
86812		HLA TYPING A B OR C	\$37.46	
86813		HLA TYPING A B OR C	\$84.17	
86816		HLA TYPING DR/DQ	\$40.43	
86817		HLA TYPING DR/DQ	\$93.48	
86821		LYMPHOCYTE CULTURE MIXED	\$81.98	
86822		LYMPHOCYTE CULTURE PRIMED	\$53.08	
86825		HLA X-MATH NON-CYTOTOXIC	\$0.00	
86826		HLA X-MATCH NONCYTOTOXC	\$0.00	
86828		HLA CLASS I&II ANTIBODY	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
86829		HLA CLASS I/II ANTIBODY	\$0.00	
86830		HLA CLASS I PHENOTYPE QU	\$0.00	
86831		HLA CLASS II PHENOTYPE Q	\$0.00	
86832		HLA CLASS I HIGH DEFIN Q	\$0.00	
86833		HLA CLASS II HIGH DEFIN	\$0.00	
86834		HLA CLASS I SEMIQUANT PA	\$0.00	
86835		HLA CLASS II SEMIQUANT P	\$0.00	
86940		HEMOLYSINS/AGGLUTININS AUTO	\$8.34	
86941		HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBAT	\$13.53	
87003		ANIMAL INOCULATION	\$24.43	
87015		SPECIMEN INFECT AGNT CONCNTJ	\$9.69	
87040		CULTURE,BACTERIAL;BLOOD	\$12.80	
87045		FECES CULTURE AEROBIC BACT	\$5.64	
87046		STOOL CULTR AEROBIC BACT EA	\$6.08	
87070		CULTURE OTHR SPECIMN AEROBIC	\$12.51	
87071		CULTURE AEROBIC QUANT OTHER	\$6.03	
87073		CULTURE BACTERIA ANAEROBIC	\$6.03	
87075		CULTR BACTERIA EXCEPT BLOOD	\$12.80	
87076		CULTURE ANAEROBE IDENT EACH	\$11.86	
87077		CULTURE AEROBIC IDENTIFY	\$11.86	
87081		CULTURE,BACTERIAL,SCREENING	\$6.40	
87084		CULTURE PRESUM PATHOGENIC ORGANISMS	\$12.51	
87086		URINE CULTURE/COLONY COUNT	\$11.73	
87088		CULTURE,URINE;IDENTIFICATION	\$8.57	
87101		CULTURE, FUNGI, ISOLATION; SKIN	\$11.19	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87102		CULTURE, FUNGI, ISOLATION; OTHER SOURCE	\$6.91	
87103		CULTURE, FUNGI, ISOLATION BLOOD	\$13.39	
87106		FUNGI IDENTIFICATION YEAST	\$6.91	
87107		FUNGI IDENTIFICATION MOLD	\$7.38	
87109		MYCOPLASMA	\$22.33	
87110		CULTURE, CHLAMYDIA	\$28.45	
87116		CULTURE,ACID-FAST BACILLI,ISOLATION	\$15.69	
87118		CULTURE, DEFINITIVE IDENTIFICATION	\$15.89	
87140		CULTURE TYPE IMMUNOFLUORESC	\$8.10	
87143		CULTURE TYPING GLC/HPLC	\$18.20	
87147		CULTURE TYPE IMMUNOLOGIC	\$8.10	
87149		CULTURE TYPE, NUCLEIC ACID	\$29.65	
87150		DNA/RNA AMPLIFIED PROBE	\$52.80	
87152		CULTURE TYPE PULSE FIELD GEL	\$7.67	
87153		DNA/RNA SEQUENCING	\$173.55	
87158		CULTURE TYPING ADDED METHOD	\$7.59	
87164		DARK FIELD EXAMINATION	\$12.04	
87166		DARK FIELD EXAM,W/O COLLECTION	\$2.43	
87168		MACROSCOPIC EXAM ARTHROPOD	\$6.03	
87169		MACROSCOPIC EXAM PARASITE	\$6.03	
87172		PINWORM EXAM	\$6.03	
87176		ENDOTOXIN,BACTERIAL;HOMOGENIZATION	\$8.53	
87177		OVA AND PARASITES, DIRECT SMEARS	\$12.92	
87181		MICROBE SUSCEPTIBLE DIFFUSE	\$6.89	
87184		MICROBE SUSCEPTIBLE DISK	\$10.01	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87185		MICROBE SUSCEPTIBLE ENZYME	\$6.97	
87186		MICROBE SUSCEPTIBLE MIC	\$12.54	
87187		MICROBE SUSCEPTIBLE MLC	\$15.06	
87188		MICROBE SUSCEPT MACROBROTH	\$9.63	
87190		MICROBE SUSCEPT MYCOBACTERI	\$8.21	
87197		BACTERICIDAL LEVEL SERUM	\$21.80	
87205		SMEAR GRAM STAIN	\$6.19	
87206		SMEAR FLUORESCENT/ACID STAI	\$7.79	
87207		SMEAR SPECIAL STAIN	\$8.70	
87209		SMEAR COMPLEX STAIN	\$26.57	
87210		SMEAR WET MOUNT SALINE/INK	\$5.64	
87220		TISSUE EXAMINATION FOR FUNGI (KOH)	\$6.19	
87230		ASSAY TOXIN OR ANTITOXIN	\$28.65	
87250		VIRUS INOCULATE EGGS/ANIMAL	\$26.86	
87252		VIRUS INOCULATION TISSUE	\$36.09	
87253		VIRUS INOCULATE TISSUE ADDL	\$24.47	
87254		VIRUS INOCULATION SHELL VIA	\$28.69	
87255		GENET VIRUS ISOLATE HSV	\$49.71	
87260		ADENOVIRUS AG IF	\$17.73	
87265		PERTUSSIS AG IF	\$17.43	
87267		ENTEROVIRUS ANTIBODY DFA	\$17.60	
87269		GIARDIA AG IF	\$17.60	
87270		CHLAMYDIA TRACHOMATIS AG IF	\$17.43	
87271		CYTOMEGALOVIRUS DFA	\$17.60	
87272		CRYPTOSPORIDIUM AG IF	\$17.43	

FEE SCHEDULE

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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87273		HERPES SIMPLEX 2 AG IF	\$17.60	
87274		HERPES SIMPLEX 1 AG IF	\$18.04	
87275		INFLUENZA B AG IF	\$17.73	
87276		INFLUENZA A AG IF	\$17.43	
87277		LEGIONELLA MICDADEI AG IF	\$17.60	
87278		LEGION PNEUMOPHILIA AG IF	\$17.43	
87279		PARAINFLUENZA AG IF	\$17.73	
87280		RESPIRATORY SYNCYTIAL AG IF	\$17.73	
87281		PNEUMOCYSTIS CARINII AG IF	\$17.60	
87283		RUBEOLA AG IF	\$17.60	
87285		TREPONEMA PALLIDUM AG IF	\$17.43	
87290		VARICELLA ZOSTER AG IF	\$18.04	
87299		ANTIBODY DETECTION NOS IF	\$17.60	
87300		AG DETECTION POLYVAL IF	\$17.60	
87301		ADENOVIRUS AG IA	\$17.43	
87305		ASPERGILLUS AG IA	\$17.60	
87320		CHYLMD TRACH AG IA	\$17.60	
87324		CLOSTRIDIUM AG IA	\$17.43	
87327		CRYPTOCOCCUS NEOFORM AG IA	\$17.60	
87328		CRYPTOSPORIDIUM AG IA	\$17.43	
87329		GIARDIA AG IA	\$17.60	
87332		CYTOMEGALOVIRUS AG IA	\$17.43	
87335		E COLI 0157 AG IA	\$17.43	
87336		ENTAMOEB HIST DISPR AG IA	\$17.60	
87337		ENTAMOEB HIST GROUP AG IA	\$17.60	

FEE SCHEDULE EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87338		HPYLORI STOOL IA	\$17.60	
87339		H PYLORI AG IA	\$17.60	
87340		HEPATITIS B SURFACE AG IA	\$14.04	
87341		HEPATITIS B SURFACE AG IA	\$14.20	
87350		HEPATITIS BE AG IA	\$16.72	
87380		HEPATITIS DELTA AG IA	\$23.85	
87385		HISTOPLASMA CAPSUL AG IA	\$17.43	
87389		HIV-1 AG W/HIV-1 & HIV-2 AB	\$32.36	
87390		HIV-1 AG IA	\$25.89	
87391		HIV-2 AG IA	\$25.60	
87400		INFLUENZA A/B AG IA	\$17.60	
87420		RESP SYNCYTIAL AG IA	\$17.43	
87425		ROTAVIRUS AG IA	\$17.43	
87427		SHIGA-LIKE TOXIN AG IA	\$17.60	
87430		STREP A AG IA	\$17.60	
87449		AG DETECT NOS IA MULT	\$17.43	
87450		AG DETECT NOS IA SINGLE	\$13.92	
87451		AG DETECT POLYVAL IA MULT	\$14.06	
87470		BARTONELLA DNA DIR PROBE	\$29.11	
87471		BARTONELLA DNA AMP PROBE	\$50.95	
87472		BARTONELLA DNA QUANT	\$62.20	
87475		LYME DIS DNA DIR PROBE	\$29.11	
87476		LYME DIS DNA AMP PROBE	\$50.95	
87477		LYME DIS DNA QUANT	\$62.20	
87480		CANDIDA DNA DIR PROBE	\$29.11	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87481		CANDIDA DNA AMP PROBE	\$50.95	
87482		CANDIDA DNA QUANT	\$60.60	
87485		CHYLMD PNEUM DNA DIR PROBE	\$29.11	
87486		CHYLMD PNEUM DNA AMP PROBE	\$50.95	
87487		CHYLMD PNEUM DNA QUANT	\$62.20	
87490		CHYLMD TRACH DNA DIR PROBE	\$29.65	
87491		CHYLMD TRACH DNA AMP PROBE	\$47.00	
87492		CHYLMD TRACH DNA QUANT	\$50.75	
87493		C DIFF AMPLIFIED PROBE	\$54.05	
87495		CYTOMEG DNA DIR PROBE	\$29.11	
87496		CYTOMEG DNA AMP PROBE	\$50.95	
87497		CYTOMEG DNA QUANT	\$62.20	
87498		ENTEROVIRUS DNA AMP PROBE	\$51.51	
87500		VANOMYCIN DNA AMP PROBE	\$51.51	
87501		INFLUENZA DNA AMP PROB 1+	\$75.85	
87502		INFLUENZA DNA AMP PROBE	\$125.77	
87503		INFLUENZA DNA AMP PROB ADDL	\$30.71	
87505		NFCT AGENT DETECTION GI	\$164.02	
87506		IADNA-DNA/RNA PROBE TQ 6-11	\$272.89	
87507		IADNA-DNA/RNA PROBE TQ 12-25	\$532.89	
87510		GARDNER VAG DNA DIR PROBE	\$29.11	
87511		GARDNER VAG DNA AMP PROBE	\$50.95	
87512		GARDNER VAG DNA QUANT	\$60.60	
87515		HEPATITIS B DNA DIR PROBE	\$29.11	
87516		HEPATITIS B DNA AMP PROBE	\$50.95	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87517		HEPATITIS B DNA QUANT	\$62.20	
87520		HEPATITIS C RNA DIR PROBE	\$29.11	
87521		HEPATITIS C RNA AMP PROBE	\$50.95	
87522		HEPATITIS C RNA QUANT	\$62.20	
87525		HEPATITIS G DNA DIR PROBE	\$29.11	
87526		HEPATITIS G DNA AMP PROBE	\$50.95	
87527		HEPATITIS G DNA QUANT	\$60.60	
87528		HSV DNA DIR PROBE	\$29.11	
87529		HSV DNA AMP PROBE	\$50.95	
87530		HSV DNA QUANT	\$62.20	
87531		HHV-6 DNA DIR PROBE	\$29.11	
87532		HHV-6 DNA AMP PROBE	\$50.95	
87533		HHV-6 DNA QUANT	\$60.60	
87534		HIV-1 DNA DIR PROBE	\$29.11	
87535		HIV-1 DNA AMP PROBE	\$50.95	
87536		HIV-1 DNA QUANT	\$123.53	
87537		HIV-2 DNA DIR PROBE	\$29.11	
87538		HIV-2 DNA AMP PROBE	\$50.95	
87539		HIV-2 DNA QUANT	\$62.20	
87540		LEGION PNEUMO DNA DIR PROB	\$29.11	
87541		LEGION PNEUMO DNA AMP PROB	\$50.95	
87542		LEGION PNEUMO DNA QUANT	\$60.60	
87550		MYCOBACTERIA DNA DIR PROBE	\$29.11	
87551		MYCOBACTERIA DNA AMP PROBE	\$50.95	
87552		MYCOBACTERIA DNA QUANT	\$62.20	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87555		M.TUBERCULO DNA DIR PROBE	\$29.11	
87556		M.TUBERCULO DNA AMP PROBE	\$50.95	
87557		M.TUBERCULO DNA QUANT	\$62.20	
87560		M.AVIUM-INTRA DNA DIR PROB	\$29.11	
87561		M.AVIUM-INTRA DNA AMP PROB	\$50.95	
87562		M.AVIUM-INTRA DNA QUANT	\$62.20	
87580		M.PNEUMON DNA DIR PROBE	\$29.11	
87581		M.PNEUMON DNA AMP PROBE	\$50.95	
87582		M.PNEUMON DNA QUANT	\$60.60	
87590		N.GONORRHOEAE DNA DIR PROB	\$29.65	
87591		N.GONORRHOEAE DNA AMP PROB	\$47.00	
87592		N.GONORRHOEAE DNA QUANT	\$62.20	
87623		HPV LOW-RISK TYPES	\$44.87	
87624		HPV HIGH-RISK TYPES	\$44.87	
87625		HPV TYPES 16 & 18 ONLY	\$44.87	
87631		RESP VIRUS 3-5 TARGETS	\$189.61	
87632		RESP VIRUS 6-11 TARGETS	\$315.45	
87633		RESP VIRUS 12-25 TARGETS	\$313.18	
87640		STAPH A DNA AMP PROBE	\$51.51	
87641		MR-STAPH DNA AMP PROBE	\$51.51	
87650		STREP A DNA DIR PROBE	\$29.11	
87651		STREP A DNA AMP PROBE	\$50.95	
87652		STREP A DNA QUANT	\$60.60	
87653		STREP B DNA AMP PROBE	\$51.51	
87660		TRICHOMONAS VAGIN DIR PROBE	\$29.43	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87661		TRICHOMONAS VAGINALIS AMPLIF	\$49.96	
87797		DETECT AGENT NOS DNA DIR	\$29.65	
87798		DETECT AGENT NOS DNA AMP	\$51.51	
87799		DETECT AGENT NOS DNA QUANT	\$62.20	
87800		DETECT AGNT MULT DNA DIREC	\$59.29	
87801		DETECT AGNT MULT DNA AMPLI	\$103.02	
87802		STREP B ASSAY W/OPTIC	\$17.60	
87803		CLOSTRIDIUM TOXIN A W/OPTIC	\$17.60	
87804		INFLUENZA ASSAY W/OPTIC	\$17.60	
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$28.00	
87807		RSV ASSAY W/OPTIC	\$17.60	
87808		TRICHOMONAS VAGINALIS	\$17.60	
87809		ADENOVIRUS ASSAY W/OPTIC	\$17.60	
87810		CHYLMD TRACH ASSAY W/OPTIC	\$17.43	
87850		N. GONORRHOEAE ASSAY W/OPTIC	\$17.43	
87880		STREP A ASSAY W/OPTIC	\$17.60	
87899		AGENT NOS ASSAY W/OPTIC	\$17.43	
87900		PHENOTYPE INFECT AGENT DRUG	\$196.12	
87901		GENOTYPE, DNA, HIV REVERSE T	\$690.68	
87902		GENOTYPE DNA/RNA HEP C	\$380.51	
87903		PHENOTYPE DNA HIV W/CULTURE	\$735.22	
87904		PHENOTYPE DNA HIV W/CLT ADD	\$38.26	
87905		SIALIDASE ENZYME ASSAY	\$17.96	
87906		GENOTYPE DNA HIV REVERSE T	\$190.26	
87910		GENOTYPE CYTOMEGALOVIRUS	\$380.51	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
87912		GENOTYPE DNA HEPATITIS B	\$380.51	
88130		CYTOLOGY SMEAR-BUCCAL	\$20.67	
88140		CYTOLOGY SMEAR-WBC-FOR CHROMOSOMS	\$12.04	
88142		CYTOPATH C/V THIN LAYER	\$23.22	
88143		CYTOPATH C/V THIN LAYER REDO	\$15.33	
88147		CYTOPATH C/V AUTOMATED	\$15.33	
88148		CYTOPATH C/V AUTO RESCREEN	\$15.33	
88150		CYTOPATH C/V MANUAL	\$15.33	
88152		CYTOPATH C/V AUTO REDO	\$15.33	
88153		CYTOPATH C/V REDO	\$15.33	
88154		CYTOPATH C/V SELECT	\$15.33	
88155		CYTOPATH C/V INDEX ADD-ON	\$8.70	
88164		CYTOPATH TBS C/V MANUAL	\$15.33	
88165		CYTOPATH TBS C/V REDO	\$15.33	
88166		CYTOPATH TBS C/V AUTO REDO	\$15.33	
88167		CYTOPATH TBS C/V SELECT	\$15.33	
88174		CYTOPATH C/V AUTO IN FLUID	\$31.35	
88175		CYTOPATH C/V AUTO FLUID REDO	\$38.87	
88230		TISSUE CULTURE LYMPHOCYTE	\$170.99	
88233		TISSUE CULTURE SKIN/BIOPSY	\$204.31	
88235		TISSUE CULTURE PLACENTA	\$213.77	
88237		TISSUE CULTURE BONE MARROW	\$183.37	
88239		TISSUE CULTURE TUMOR	\$214.18	
88240		CELL CRYOPRESERVE/STORAGE	\$14.67	
88241		FROZEN CELL PREPARATION	\$14.67	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
88245		CHROMOSOME ANALYSIS 20-25	\$216.11	
88248		CHROMOSOME ANALYSIS 50-100	\$251.40	
88249		CHROMOSOME ANALYSIS 100	\$251.40	
88261		CHROMOSOME ANALYSIS 5	\$242.84	
88262		CHROMOSOME ANALYSIS 15-20	\$180.95	
88263		CHROMOSOME ANALYSIS 45	\$218.17	
88264		CHROMOSOME ANALYSIS 20-25	\$180.95	
88267		CHROMOSOME ANALYS PLACENTA	\$260.99	
88269		CHROMOSOME ANALYS AMNIOTIC	\$260.82	
88271		CYTOGENETICS DNA PROBE	\$3.68	
88272		CYTOGENETICS 3-5	\$38.86	
88273		CYTOGENETICS 10-30	\$47.17	
88274		CYTOGENETICS 25-99	\$50.53	
88275		CYTOGENETICS 100-300	\$58.30	
88280		CHROMOSOME ANALYSIS,KARYOTYPING	\$36.44	
88283		CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECH	\$99.58	
88285		CHROMOSOME COUNT ADDITIONAL	\$14.02	
88289		CHROMOSOME STUDY ADDITIONAL	\$39.62	
88350		IMMUNOFLUOR ANTB ADDL STAIN	\$0.00	
88387		TISS EXAM MOLECULAR STUD	\$0.00	
88388		TISS EX MOLECUL STUDY AD	\$0.00	
88720		BILIRUBIN TOTAL TRANSCUT	\$7.55	
88738		HGB QUANT TRANSCUTANEOUS	\$7.55	
88740		TRANSCUTANEOUS CARBOXYHB	\$7.55	
88741		TRANSCUTANEOUS METHB	\$7.55	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
89050		BODY FLUID CELL COUNT	\$5.64	
89051		BODY FLUID CELL COUNT W/DIFF	\$7.15	
89055		LEUKOCYTE ASSESSMENT FECAL	\$6.25	
89060		EXAM SYNOVIAL FLUID CRYSTALS	\$10.37	
89125		FAT STAIN, FECES, URINE, SPUTUM	\$4.46	
89160		MEAT FIBERS, FECES	\$5.34	
89190		NASAL SMEAR FOR EOSINOPHILS	\$6.89	
89250		FERTILIZATION OF OOCYTE	\$0.00	
89251		CULTURE OOCYTE W/EMBRYOS	\$0.00	
89253		EMBRYO HATCHING	\$0.00	
89254		OOCYTE IDENTIFICATION	\$0.00	
89255		PREPARE EMBRYO FOR TRANS	\$0.00	
89257		SPERM IDENTIFICATION	\$0.00	
89258		CRYOPRESERVATION EMBRYO(\$0.00	
89259		CRYOPRESERVATION SPERM	\$0.00	
89260		SPERM ISOLATION SIMPLE	\$0.00	
89261		SPERM ISOLATION COMPLEX	\$0.00	
89264		IDENTIFY SPERM TISSUE	\$0.00	
89268		INSEMINATION OF OOCYTES	\$0.00	
89272		EXTENDED CULTURE OF OOCY	\$0.00	
89280		ASSIST OOCYTE FERTILIZAT	\$0.00	
89281		ASSIST OOCYTE FERTILIZAT	\$0.00	
89290		BIOPSY OOCYTE POLAR BODY	\$0.00	
89291		BIOPSY OOCYTE POLAR BODY	\$0.00	
89300		SEMEN ANALYSIS W/HUHNER	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
89310		FERTILITY STUDIES	\$0.00	
89320		SEMEN ANALYSIS; COMPLETE	\$0.00	
89321		SEMEN ANAL SPERM DETECTI	\$0.00	
89322		SEMEN ANAL STRICT CRITER	\$0.00	
89325		SPERM ANTIBODY TEST	\$0.00	
89330		EVALUATION CERVICAL MUCU	\$0.00	
89331		RETROGRADE EJACULATION A	\$0.00	
89335		CRYOPRESERVE TESTICULAR	\$0.00	
89337		CRYOPRESERVATION OOCYTE(S)	\$0.00	
89342		STORAGE/YEAR EMBRYO(S)	\$0.00	
89343		STORAGE/YEAR SPERM/SEMEN	\$0.00	
89344		STORAGE/YEAR REPROD TISS	\$0.00	
89346		STORAGE/YEAR OOCYTE(S)	\$0.00	
89352		THAWING CRYOPRESRVED EMB	\$0.00	
89353		THAWING CRYOPRESRVED SPE	\$0.00	
89354		THAW CRYOPRSVRD REPROD T	\$0.00	
89356		THAWING CRYOPRESRVED OOC	\$0.00	
90384		RH IG FULL-DOSE IM	\$107.74	
90389		TETANUS IG IM	\$108.19	
90460		IM ADMIN 1ST/ONLY COMPON	\$14.25	
90461		IM ADMIN EACH ADDL COMPO	\$13.13	
90477	SL	ADENOVIRUS VACCINE TYPE	\$0.00	
90585	SL	BCG VACCINE PERCUT	\$0.00	
90620		MENB RP W/OMV VACCINE IM	\$156.40	
90620	SL	MENB RP W/OMV VACCINE IM	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
90621		MENB RLP VACCINE IM	\$113.03	
90621	SL	MENB RLP VACCINE IM	\$0.00	
90644	SL	HIB-MENCY VACCINE 4 DOSE IM	\$0.00	
90654		FLU VACCINE NO PRESERV, ID	\$19.08	
90655		IIV3 VACC NO PRSV 6-35 MO IM	\$11.54	
90656		IIV3 VACC NO PRSV 3 YRS+ IM	\$11.54	
90657		IIV3 VACCINE 6-35 MONTHS IM	\$11.54	
90658		FLU VACC 3 VAL 3 YRS PLU	\$11.54	
90660		LAIV3 VACCINE INTRANASAL	\$9.97	
90661		CCIIV3 VAC IM CULT PRSV FREE	\$9.97	
90662		IIV NO PRSV INCREASED AG IM	\$9.97	
90670		PCV13 VACCINE IM	\$9.45	
90672		LAIV4 VACCINE INTRANASAL	\$24.03	
90673		FLU VACC RIV3 NO PRESERV	\$0.00	
90681		RV1 VACC 2 DOSE LIVE ORA	\$9.45	
90681	SL	RV1 VACC 2 DOSE LIVE ORA	\$0.00	
90685		IIV4 VACC NO PRSV 6-35 M IM	\$22.81	
90686		IIV4 VACC NO PRSV 3 YRS+ IM	\$20.26	
90688		IIV4 VACCINE 3 YRS PLUS IM	\$25.70	
90697	SL	DTAP-IPV-HIB-HEPB VACCINE IM	\$0.00	
90716		CHICKEN POX VACCINE SC	\$9.97	
90723		DTAP-HEP B-IPV VACCINE I	\$9.97	
90723	SL	DTAP-HEP B-IPV VACCINE I	\$0.00	
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	\$22.15	
90733		MPSV4 VACCINE SUBQ	\$9.97	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
90733	SL	MPSV4 VACCINE SUBQ	\$0.00	
90734		MCV4 MENACWY VACCINE IM	\$9.97	
90734	SL	MCV4 MENACWY VACCINE IM	\$0.00	
90736		ZOSTER VACC SC	\$229.83	
90740		HEPB VACC 3 DOSE IMMUNSUP IM	\$124.66	
90743		HEPB VACC 2 DOSE ADOLESC IM	\$9.45	
90744		HEPB VACC 3 DOSE PED/ADOL IM	\$9.45	
90746		HEPB VACCINE 3 DOSE ADULT IM	\$76.38	
90747		HEPB VACC 4 DOSE IMMUNSUP IM	\$9.45	
90748		HEP B/HIB VACCINE IM	\$9.45	
90785		PSYTX COMPLEX INTERACTIV	\$0.00	
90880		HYPNOTHERAPY	\$0.00	
90887		CONSULTATION WITH FAMILY	\$0.00	
90889		PREPARATION OF REPORT	\$0.00	
90911		BIOFEEDBACK PERI/URO/REC	\$0.00	
91200		LIVER ELASTOGRAPHY	\$0.00	REMOVED EFFECTIVE 07/01/2016
92310		CONTACT LENS FITTING	\$26.11	
92325		MODIFICATION OF CONTACT	\$0.00	
92352		FIT APHAKIA SPECTCL MONO	\$0.00	
92353		FIT APHAKIA SPECTCL MULT	\$0.00	
92354		FIT SPECTACLES SINGLE SY	\$0.00	
92355		FIT SPECTACLES COMPOUND	\$0.00	
92358		APHAKIA PROSTH SERVICE T	\$0.00	
92371		REPAIR & ADJUST SPECTACL	\$0.00	
92507		SPEECH/HEARING THERAPY-INDIVIDUAL	\$13.45	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
92508		SPEECH/HEARING THERAPY-GROUP	\$8.81	
92520		LARYNGEAL FUNCTION STUDIES	\$42.51	
92521		EVALUATION OF SPEECH FLUENCY	\$81.14	
92522		EVALUATE SPEECH PRODUCTION	\$65.82	
92523		SPEECH SOUND LANG COMPREHEN	\$137.05	
92524		BEHAVRAL QUALIT ANALYS VOICE	\$67.95	
92526		ORAL FUNCTION THERAPY	\$69.89	
92551		PURE TONE HEARING TEST A	\$12.56	
92560		BEKESY AUDIOMETRY SCREEN	\$25.42	
92597		ORAL SPEECH DEVICE EVAL	\$98.19	
92607		EX FOR SPEECH DEVICE RX 1HR	\$142.77	
92608		EX FOR SPEECH DEVICE RX ADDL	\$28.99	
92609		USE OF SPEECH DEVICE SERVICE	\$77.44	
92610		EVALUATE SWALLOWING FUNCTION	\$105.21	
92611		MOTION FLUOROSCOPY/SWALLOW	\$112.86	
92612		ENDOSCOPY SWALLOW TST (FEES)	\$144.40	
92613		ENDOSCOPY SWALLOW TST (F	\$35.98	
92614		LARYNGOSCOPIC SENSORY TEST	\$129.01	
92615		EVAL LARYNGOSCOPY SENSE	\$31.99	
92616		FEES W/LARYNGEAL SENSE TEST	\$176.14	
92617		INTERPRT FEES/LARYNGEAL	\$39.50	
93668		PERIPHERAL VASCULAR REHB	\$0.00	
93702		BIS XTRACELL FLUID ANALYSIS	\$0.00	
94016		REVIEW PATIENT SPIROMETRY	\$23.97	
94780		CAR SEAT/BED TEST 60 MIN	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
94781		CAR SEAT/BED TEST + 30 M	\$0.00	
95120		IMMUNOTHERAPY ONE INJECT	\$16.81	
95125		IMMUNOTHERAPY MANY ANTIG	\$21.01	
95831		LIMB MUSCLE TESTING MANUAL	\$25.13	
95832		HAND MUSCLE TESTING MANUAL	\$17.42	
95833		BODY MUSCLE TESTING MANUAL	\$28.23	
95834		BODY MUSCLE TESTING MANUAL	\$39.84	
95851		RANGE OF MOTION EACH EXTREMITY	\$16.79	
95852		RANGE OF MOTION MEASUREMENT, HAND	\$15.75	
95965		MEG SPONTANEOUS	\$0.00	
95966		MEG EVOKED SINGLE	\$0.00	
95967		MEG EVOKED EACH ADDL	\$0.00	
95992		CANALITH REPOSITIONING PROC	\$44.67	
96103		PSYCHO TESTING ADMIN BY	\$0.00	
96105		ASSESSMENT OF APHASIA	\$67.30	
96119		NEUROPSYCH TESTING BY TE	\$0.00	
96120		NEUROPSYCH TST ADMIN W/C	\$0.00	
96125		COGNITIVE TEST BY HC PRO	\$89.33	
96127		BRIEF EMOTIONAL/BEHAV ASSMT	\$0.00	
96160		PT-FOCUSED HLTH RISK ASS	\$0.00	
96161		CAREGIVER HEALTH RISK AS	\$0.00	
97001		PT EVALUATION	\$40.27	
97002		PT RE-EVALUATION	\$32.44	
97003		OT EVALUATION	\$36.38	
97010		HOT OR COLD PACKS	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
97012		TRACTION, MECHANICAL	\$8.40	
97014		ELECTRIC STIMULATION THE	\$8.40	
97016		VASOPNEUMATIC DEVICES	\$8.40	
97018		PARAFFIN BATH	\$8.40	
97022		WHIRLPOOL	\$8.40	
97024		DIATHERMY EG MICROWAVE	\$8.40	
97026		INFRARED	\$8.40	
97028		ULTRAVIOLET	\$12.98	
97032		ELECTRICAL STIMULATION	\$13.14	
97033		ELECTRIC CURRENT THERAPY	\$10.51	
97034		CONTRAST BATH THERAPY	\$14.54	
97035		ULTRASOUND THERAPY	\$13.14	
97036		HYDROTHERAPY	\$25.06	
97039		UNLISTED MODALITY (SPECIFY)	\$19.25	
97112		NEUROMUSCULAR REEDUCATION	\$15.33	
97116		GAIT TRAINING	\$15.33	
97124		MASSAGE	\$0.00	
97139		UNLISTED PROCEDURE (SPECIFY)	\$26.79	
97140		MANUAL THERAPY 1/> REGIONS	\$15.33	
97150		GROUP THERAPEUTIC PROCEDURES	\$12.58	
97161		PT EVAL LOW COMPLEX 20 M	\$31.86	RETROACTIVE TO 01/01/2017
97162		PT EVAL MOD COMPLEX 30 M	\$47.79	RETROACTIVE TO 01/01/2017
97163		PT EVAL HIGH COMPLEX 45	\$71.69	RETROACTIVE TO 01/01/2017
97164		PT RE-EVAL EST PLAN CARE	\$48.70	RETROACTIVE TO 01/01/2017
97165		OT EVAL LOW COMPLEX 30 M	\$34.72	RETROACTIVE TO 01/01/2017

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
97166		OT EVAL MOD COMPLEX 45 M	\$52.07	RETROACTIVE TO 01/01/2017
97167		OT EVAL HIGH COMPLEX 60	\$69.43	RETROACTIVE TO 01/01/2017
97168		OT RE-EVAL EST PLAN CARE	\$0.00	
97535		SELF CARE MNGMENT TRAINI	\$0.00	
97537		COMMUNITY/WORK REINTEGRA	\$0.00	
97546		WORK HARDENING ADD-ON	\$0.00	
97597		ACTIVE WOUND CARE/20 CM OR <	\$31.24	
97598		RMVL DEVITAL TIS ADDL 20CM/<	\$70.96	
97602		WOUND(S) CARE NON-SELECTIVE	\$36.56	
97605		NEG PRESS WOUND TX =50 CM</td <td>\$40.72</td> <td></td>	\$40.72	
97606		NEG PRESS WOUND TX >50 CM	\$43.43	
97607		NEG PRESS WND TX =50 SQ CM</td <td>\$137.25</td> <td></td>	\$137.25	
97608		NEG PRESS WOUND TX >50 CM	\$137.25	
97750		PHYSICAL PERFORMANCE TEST	\$15.33	
97799		UNLISTED PHYSICAL MEDICINE SERVICE	\$31.52	
97802		MEDICAL NUTRITION INDIV	\$0.00	
97803		MED NUTRITION INDIV SUBS	\$0.00	
97804		MEDICAL NUTRITION GROUP	\$0.00	
99001		SPECIMEN HANDLING	\$4.21	
99078		SSR PHYS ED GRP SETTING	\$0.00	
99080		SPECIAL REPORTS OR FORMS	\$11.56	
99173		VISUAL ACUITY SCREEN	\$12.75	
99367		TEAM CONF W/O PAT BY PHY	\$0.00	
99368		TEAM CONF W/O PAT BY HC	\$0.00	
99415		PROLONG CLINCL STAFF SVC	\$0.00]

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
99416		PROLONG CLINCL STAFF SVC ADD	\$0.00	
99487		CMPLX CHRON CARE W/O PT	\$0.00	
99489		COMPLX CHRON CARE ADDL30	\$0.00	
99490		CHRON CARE MGMT SRVC 20 MIN	\$0.00	
99495		TRANS CARE MGMT 14 DAY D	\$0.00	
99496		TRANS CARE MGMT 7 DAY DI	\$0.00	
99497		ADVNCD CARE PLAN 30 MIN	\$0.00	
99498		ADVNCD CARE PLAN ADDL 30 MIN	\$0.00	
A0380		BLS PER MILE	\$0.00	
A0384		BLS DEFIBRILLATION SUPPL	\$0.00	
A0390		ALS PER MILE	\$0.00	
A0392		ALS DEFIBRILLATION SUPPL	\$0.00	
A0394		ALS IV DRUG THER SUPPL	\$0.00	
A0396		ALS ESOPHAG INTUB SUPPLS	\$0.00	
A0422		AMBULANCE 02 LIFE SUSTAI	\$0.00	
A0424		EXTRA AMBULANCE ATTENDAN	\$0.00	
A0425		GROUND MILEAGE	\$0.00	
A0426		ALS 1	\$0.00	
A0427		ALS1-EMERGENCY	\$0.00	
A0428		BLS	\$0.00	
A0429		BLS-EMERGENCY	\$0.00	
A0430		FIXED WING AIR TRANSPORT	\$0.00	
A0431		ROTARY WING AIR TRANSPORT	\$0.00	
A0432		PI VOLUNTEER AMBUL CO	\$0.00	
A0433		ALS 2	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
A0434		SPECIALTY CARE TRANSPORT	\$0.00	
A0435		FIXED WING AIR MILEAGE	\$0.00	
A0436		ROTARY WING AIR MILEAGE	\$0.00	
A0999		UNLISTED AMBULANCE SERV	\$0.00	
A4270		DISPOS ENDOSCOPE SHEATH	\$0.00	
A4337		INCONTINENT RECTAL INSERT	\$0.00	
A4395		OSTOMY POUCH SOLID DEODO	\$0.00	
A4558		CONDUCTIVE PASTE OR GEL	\$0.00	
A4575		HYPERBARIC O2 CHBR DISPS	\$0.00	
A4660		SPHYG/BP APP W CUFF&STET	\$0.00	
A4663		DIALY BLOOD PRESS CUFF	\$0.00	
A9286		ANY HYGIENIC ITEM, DEVIC	\$0.00	
A9581		GADOXETATE DISODIUM INJ	\$0.00	
A9582		IODINE I-123 IOBENGUANE	\$0.00	
A9583		GADOFOSVESET TRISOD INJ	\$0.00	
A9901		DELIVERY/SET UP/DISPENS	\$0.00	
ATP02		ATP PRICE	\$9.83	
ATP03		ATP PRICE	\$9.65	
ATP04		ATP PRICE	\$10.18	
ATP05		ATP PRICE	\$11.36	
ATP06		ATP PRICE	\$11.39	
ATP07		ATP PRICE	\$11.86	
ATP08		ATP PRICE	\$12.28	
ATP09		ATP PRICE	\$12.60	
ATP10		ATP PRICE	\$12.61	

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
ATP11		ATP PRICE	\$12.83	
ATP12		ATP PRICE	\$13.11	
ATP16		ATP PRICE	\$15.34	
ATP18		ATP PRICE	\$15.46	
ATP19		ATP PRICE	\$16.08	
ATP20		ATP PRICE	\$16.58	
ATP21		ATP PRICE	\$17.11	
ATP22		ATP PRICE	\$17.61	
ATP23		ATP PRICE	\$17.61	
C9139		IDELVION, 1 I.U.	\$0.00	CODE TERMED 12/31/2016
C9399		UNCLASSIFD DRUG/BIOLOGIC	\$0.00	
C9476		INJECTION, DARATUMUMAB	\$0.00	CODE TERMED 12/31/2016
C9477		INJECTION, ELOTUZUMAB	\$0.00	CODE TERMED 12/31/2016
C9478		INJECTION, SEBELIPASE ALFA	\$0.00	CODE TERMED 12/31/2016
C9479		INSTILL, CIPROFLOXACIN OTIC	\$0.00	CODE TERMED 12/31/2016
C9480		INJECTION, TRABECTEDIN	\$0.00	CODE TERMED 12/31/2016
C9481		INJECTION, RESLIZUMAB	\$0.00	CODE TERMED 12/31/2016
C9482		SOTALOL HYDROCHLORIDE IV	\$0.00	PAY UNDER APC EFFECTIVE 01/01/17
C9483		INJECTION, ATEZOLIZUMAB	\$0.00	PAY UNDER APC EFFECTIVE 01/01/17
C9484		INJ ETEPLIRSEN	\$0.00	
C9485		INJ OLARATUMAB	\$0.00	
C9486		INJ GRANISETRON EXT	\$0.00	
C9487		USTEKINUMAB IV INJ	\$0.00	
C9488		CONIVAPTAN HCL	\$0.00	
C9489		INJECTION; NUSINERSEN	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
C9490		INJECTION, BEZLOTOXUMAB	\$0.00	
C9744		ABD US W/CONTRAST	\$0.00	PAY UNDER APC EFFECTIVE 01/01/17
C9745		NASAL ENDO EUSTACHIAN	\$0.00	
C9746		TRANS IMP BALLOON CONT	\$0.00	
C9747		ABLATION, HIFU; PROSTATE	\$0.00	
D0414		LAB PROCESS MICROBIAL SP	\$0.00	
D0600		NON-IONIZING DIAG PROC	\$0.00	
D9630		DRUGS/MEDS DISP FOR HOME	\$0.00	
E0446		TOPICAL OX DELIVER SYS	\$0.00	
E0604		HOSP GRADE ELEC BREAST PUMP	\$53.76	
E0746		ELECTROMYOGR BIOFEEDBACK	\$0.00	
E0749		ELEC OSTEOGEN STIM IMPL	\$0.00	
G0008		ADMIN FLU VIRUS VAC	\$0.00	
G0009		ADM PNEUMOCOCCAL VAC	\$0.00	
G0010		ADMIN HEPATITIS B VAC	\$0.00	
G0027		SEMEN ANALYSIS	\$9.39	
G0103		PSA, TOTAL SCREENING	\$26.83	
G0123		SCREEN CERV/VAG THIN LAYER	\$29.74	
G0143		CRV/VAG SCRN/RESCRN TECH	\$0.00	
G0144		SCR C/V CYTO,THINLAYER,RESCR	\$31.35	
G0145		CRV/VAG SCRN MAN RESCRN	\$0.00	
G0147		SCR C/V CYTO, AUTOMATED SYS	\$16.70	
G0148		SCR C/V CYTO, AUTOSYS, RESCR	\$22.30	
G0202		SCREENING MAMMOGRAPHY, BILATERAL, ALL VIEWS	\$125.84	
G0204		DIAGNOSTIC MAMMOGRAPHY, BILATERAL, ALL VIEWS	\$136.81	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
G0206		DIAGNOSTIC MAMMOGRAPHY, UNILATERAL, ALL VIEWS	\$110.25	
G0248		DEMONSTRAT USE HOME INR	\$0.00	
G0249		PROVIDE INR TEST MATER/E	\$0.00	
G0268		PHYS REMOVAL IMPACTD WAX	\$0.00	
G0270		MNT SUBS TX FOR CHANGE DX	\$31.77	
G0271		GROUP MNT 2 OR MORE 30 MINS	\$16.35	
G0276		PILD/PLACEBO CONTROL CLIN TR	\$0.00	
G0281		ELEC STIM UNATTEND-ULCER	\$0.00	
G0283		ELEC STIM OTHR THN WOUND	\$0.00	
G0289		ARTHRO KNEE DIFF COMPART	\$0.00	
G0296		VISIT TO DETERM LDCT ELIG	\$0.00	
G0306		CBC/DIFFWBC W/O PLATELET	\$11.41	
G0307		CBC WITHOUT PLATELET	\$9.49	
G0328		FECAL BLOOD SCRN IMMUNO	\$0.00	
G0329		ULCER ELECTROMAG TX	\$0.00	
G0364		BONE MARROW ASPIRAT W/BX	\$0.00	
G0380		LEV 1 HOSP TYPE B ED VIS	\$0.00	
G0381		LEV 2 HOSP TYPE B ED VIS	\$0.00	
G0382		LEV 3 HOSP TYPE B ED VIS	\$0.00	
G0383		LEV 4 HOSP TYPE B ED VIS	\$0.00	
G0384		LEV 5 HOSP TYPE B ED VIS	\$0.00	
G0390		TRAUMA RESPONS W/HOSP CR	\$0.00	
G0420		ED SVC CKD IND PER SESSI	\$0.00	
G0421		ED SVC CKD GRP PER SESSI	\$0.00	
G0422		INTENS CARDIAC REHAB W/E	\$0.00	

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
G0423		INTENS CARDIAC REHAB NO	\$0.00	
G0424		PULMONARY REHAB W EXER	\$0.00	
G0429		DERMAL FILLER INJECTION	\$101.20	PAY UNDER APC EFFECTIVE 01/01/17
G0433		ELISA HIV-1/HIV-2 SCREEN	\$12.79	
G0436		TOBACCO-USE COUNSEL 3-10	\$0.00	
G0437		TOBACCO-USE COUNSEL >10	\$0.00	
G0438		PPPS; INITIAL VISIT	\$0.00	
G0439		PPPS; SUBSEQ VISIT	\$0.00	
G0449		ANNUAL OBESITY SCREEN 15	\$0.00	
G0450		SCREEN STI W FOUR LAB TE	\$0.00	
G0451		DEVLOPMENT TEST INTERPT&	\$0.00	
G0453		CONT INTRAOP NEURO MONIT	\$0.00	
G0455		FECAL MICROBIOTA PREP IN	\$0.00	
G0466		FQHC VISIT NEW PATIENT	\$0.00	
G0467		FQHC VISIT, ESTAB PT	\$0.00	
G0468		FQHC VISIT, IPPE OR AWV	\$0.00	
G0469		FQHC VISIT, MH NEW PT	\$0.00	
G0470		FQHC VISIT, MH ESTAB PT	\$0.00	
G0471		VEN BLOOD COLL SNF/HHA	\$4.69	
G0473		GROUP BEHAVE COUNS 2-10	\$0.00	
G0477		DRUG TEST PRESUMP OPTICAL	\$0.00	
G0478		DRUG TEST PRESUMP OPT INST	\$0.00	
G0479		DRUG TEST PRESUMP NOT OPT	\$0.00	
G0480		DRUG TEST DEF 1-7 CLASSES	\$0.00	
G0481		DRUG TEST DEF 8-14 CLASSES	\$0.00	

FEE SCHEDOLE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
G0482		DRUG TEST DEF 15-21 CLASSES	\$0.00	
G0483		DRUG TEST DEF 22+ CLASSES	\$0.00	
G0490		HOME VISIT RN, LPN BY RHC/FQHC	\$0.00	
G0499		HEPB SCREEN HIGH RISK IN	\$0.00	
G9017		AMANTADINE HCL; ORAL	\$0.00	
G9018		ZANAMIVIR; INH PWDR	\$0.00	
G9019		OSELTAMIVIR PHOSP	\$0.00	
G9020		RIMANTADINE HCL	\$0.00	
G9033		AMANTADINE HCL; ORAL	\$0.00	
G9034		ZANAMIVIR; INH PWDR BRND	\$0.00	
G9035		OSELTAMIVIR PHOSP BRAND	\$0.00	
G9036		RIMANTADINE HCL; BRAND	\$0.00	
G9140		FRONTIER EXTENDED STAY D	\$0.00	
G9143		WARFARIN RESPON GENETIC	\$0.00	
G9679		ACUTE CARE PNEUMONIA	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9680		ACUTE CARE CONGESTIVE HEART	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9681		ACUTE CARE CHRONIC OBSTRUCT	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9682		ACUTE CARE SKIN INFECTION-	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9683		ACUTE CARE FLUID OR ELECTROL	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9684		ACUTE CARE URINARY TRACT INF	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9685		ACUTE NURSING FACILITY CARE	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
G9686		NURSING FACILITY CONFERENCE	\$0.00	FOLLOW OCE; PSI B AS OF 01/01/17
J0570		BUPRENORPHINE IMPLANT 74	\$0.00	
J7298		MIRENA; 52 MG	\$806.61	RETROACTIVE TO 08/01/2016
J7300		INTRAUT COPPER CONTRACEP	\$643.00	RETROACTIVE TO 08/01/2016

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
J7301		SKYLA 13.5MG	\$678.90	
J7303		CONTRACEPT VAGINAL RING	\$23.66	
J7304		CONTRACEPTIVE HORMONE PA	\$13.29	
J7306		LEVONORGESTREL IMPLANT S	\$383.43	
J7307		ETONOGESTREL IMPLANT SYS	\$760.87	
J7507		TACROLIMUS ORAL PER 1 MG	\$0.00	
J7508		TACROLIMUS EX REL ORAL 0	\$0.00	
K0672		REMOVABLE SOFT INTERFACE LE	\$77.47	
K0901		KO SINGLE UPRIGHT PRE OTS	\$815.77	
K0902		KO DOUBLE UPRIGHT PRE OTS	\$709.84	
L0112		CRANIAL CERVICAL ORTHOSIS	\$1,278.50	
L0113		CRANIAL CERVICAL TORTICOLLIS	\$260.51	
L0172		CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PI	\$90.28	
L0174		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO P	\$219.96	
L0450		TLSO FLEX PREFAB THORACIC	\$146.84	
L0454		TLSO FLEX PREFAB SACROCOC-T9	\$316.81	
L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	\$319.98	
L0456		TLSO FLEX PREFAB	\$908.51	
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	\$917.59	
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	\$814.66	
L0460		TLSO2MOD SYMPHYSIS-STERN PRE	\$916.97	
L0462		TLSO 3MOD SACRO-SCAP PRE	\$1,140.53	
L0464		TLSO 4MOD SACRO-SCAP PRE	\$1,357.79	
L0466		TLSO RIGID FRAME PRE SOFT AP	\$329.80	
L0467		TLSO R FRAM SOFT PRE OTS	\$333.10	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L0468		TLSO RIGID FRAME PREFAB PELV	\$387.25	
L0469		TLSO RIG FRAM PELVIC PRE OTS	\$391.12	
L0470		TLSO RIGID FRAME PRE SUBCLAV	\$538.64	
L0472		TLSO RIGID FRAME HYPEREX PRE	\$341.61	
L0480		TLSO RIGID PLASTIC CUSTOM FA	\$1,494.92	
L0482		TLSO RIGID LINED CUSTOM FAB	\$1,671.58	
L0484		TLSO RIGID PLASTIC CUST FAB	\$1,804.10	
L0486		TLSO RIGIDLINED CUST FAB TWO	\$1,827.96	
L0488		TLSO RIGID LINED PRE ONE PIE	\$916.97	
L0490		TLSO RIGID PLASTIC PRE ONE	\$258.36	
L0491		TLSO 2 PIECE RIGID SHELL	\$701.54	
L0492		TLSO 3 PIECE RIGID SHELL	\$442.12	
L0621		SIO FLEX PELVISACRAL PREFAB	\$96.38	
L0622		SIO FLEX PELVISACRAL CUSTOM	\$218.26	
L0625		LO FLEXIBL L1-BELOW L5 PRE	\$50.44	
L0626		LO SAG STAYS/PANELS PRE-FAB	\$71.33	
L0627		LO SAGITT RIGID PANEL PREFAB	\$376.22	
L0628		LO FLEX W/O RIGID STAYS PRE	\$76.77	
L0630		LSO POST RIGID PANEL PRE	\$148.22	
L0631		LSO SAG-CORO RIGID FRAME PRE	\$939.62	
L0633		LSO FLEXION CONTROL PREFAB	\$262.46	
L0635		LSO SAGIT RIGID PANEL PREFAB	\$808.69	
L0636		LSO SAGITTAL RIGID PANEL CUS	\$1,407.26	
L0637		LSO SAG-CORONAL PANEL PREFAB	\$947.40	
L0638		LSO SAG-CORONAL PANEL CUSTOM	\$1,204.78	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L0639		LSO S/C SHELL/PANEL PREFAB	\$947.40	
L0640		LSO S/C SHELL/PANEL CUSTOM	\$955.84	
L0641		LO RIG POS PNL L1-L5 PRE OTS	\$72.04	
L0642		LO SAG RI AN/POS PNL PRE OTS	\$379.99	
L0643		LSO SAG CTR RIGI POS PRE OTS	\$149.71	
L0648		LSO SAG R AN/POS PNL PRE OTS	\$949.02	
L0649		LSO SC R POS/LAT PNL PRE OTS	\$265.09	
L0650		LSO SC R ANT/POS PNL PRE OTS	\$956.88	
L0651		LSO SAG-CO SHELL PNL PRE OTS	\$956.88	
L0859		MRI COMPATIBLE SYSTEM	\$1,111.90	
L0861		HALO REPL LINER/INTERFACE	\$196.88	
L0984		PROTECTIVE BODY SOCK, EACH	\$45.62	
L0999		ADD TO SPINAL ORTHOSIS NOS	\$320.78	
L1005		TENSION BASED SCOLIOSIS ORTH	\$2,923.67	
L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD,	\$85.35	
L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BIL	\$105.38	
L1240		ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	\$53.15	
L1250		ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	\$49.45	
L1260		ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROT	\$51.78	
L1270		ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	\$53.04	
L1280		ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), E	\$59.04	
L1290		ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PA	\$53.81	
L1652		HO BI THIGHCUFFS W SPRDR BAR	\$325.62	
L1685		HO, ABDUCTION CONTROL OF HIP JOINTS, POST-OPERATIVE HIP	\$814.27	
L1686		HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP	\$703.80	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L1690		COMBINATION BILATERAL HO	\$1,766.38	
L1755		LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	\$1,083.80	
L1812		KO ELASTIC W/JOINTS PRE OTS	\$86.14	
L1831		KNEE ORTH POS LOCKING JOINT	\$268.85	
L1832		KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID	\$416.18	
L1833		KO ADJ JNT POS R SUP PRE OTS	\$518.78	
L1834		KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	\$561.32	
L1836		RIGID KO WO JOINTS	\$121.90	
L1843		KO SINGLE UPRIGHT CUSTOM FIT	\$819.63	
L1844		KO W/ADJ JT ROT CNTRL MOLDED	\$1,228.74	
L1845		KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLE	\$577.88	
L1846		KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLE	\$726.80	
L1847		KO ADJUSTABLE W AIR CHAMBERS	\$525.38	
L1848		KO DBL UPRIGHT W/AIR PRE OTS	\$530.65	
L1851		KO SINGLE UPRIGHT PREFAB	\$0.00	
L1852		KO DOUBLE UPRIGHT PREFAB	\$0.00	
L1902		AFO ANKLE GAUNTLET PRE OTS	\$54.64	
L1904		AFO MOLDED ANKLE GAUNTLET	\$321.90	
L1906		AFO, MULTILIGAMENTUS ANKLE SUPPORT	\$109.79	
L1907		AFO SUPRAMALLEOLAR CUSTOM	\$513.98	
L1932		AFO RIG ANT TIB PREFAB TCF/=	\$815.09	
L1945		AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR T	\$652.03	
L1951		AFO SPIRAL PREFABRICATED	\$767.15	
L1971		AFO W/ANKLE JOINT, PREFAB	\$428.17	
L2005		KAFO SNG/DBL MECHANICAL ACT	\$3,750.60	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L2035		KAFO PLASTIC PEDIATRIC SIZE	\$158.23	
L2036		KAFO, FULL PLASTIC, MOLDED TO PATIENT MODEL	\$1,394.17	
L2037		KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED T	\$1,140.18	
L2038		KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKL	\$978.71	
L2106		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$465.44	
L2108		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$832.88	
L2112		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	\$319.39	
L2114		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-	\$400.60	
L2116		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	\$458.74	
L2126		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$920.51	
L2128		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$1,173.81	
L2132		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$714.01	
L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$662.07	
L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$909.92	
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC	\$104.39	
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOC	\$66.81	
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED	\$92.89	
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTAB	\$123.39	
L2188		ADDITION TO LOWER EXTREMITY FRACTURE OTHOSIS, QUADRILAT	\$205.03	
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BE	\$61.90	
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOIN	\$244.08	
L2232		ROCKER BOTTOM, CONTACT AFO	\$87.77	
L2265		ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	\$80.61	
L2275		ADDITION TO LOWER EXTREMITY, VARUS/VULGUS CORRECTION, P	\$101.96	
L2335		ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	\$163.18	

FEE SCHEDULE

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L2370		ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	\$175.72	
L2375		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOI	\$77.35	
L2380		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT	\$112.38	
L2385		ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY	\$122.25	
L2387		ADD LE POLY KNEE CUSTOM KAFO	\$139.82	
L2390		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JO	\$99.92	
L2395		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY D	\$127.27	
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	\$88.15	
L2405		ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	\$46.45	
L2415		ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL T	\$130.14	
L2425		ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABL	\$148.95	
L2430		KNEE JNT RATCHET LOCK EA JNT	\$91.65	
L2492		ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	\$87.41	
L2525		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCH	\$938.24	
L2526		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCH	\$607.34	
L2622		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	\$209.93	
L2624		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	\$226.67	
L2627		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, M	\$1,564.67	
L2628		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAM	\$1,529.16	
L2755		CARBON GRAPHITE LAMINATION	\$53.76	
L2768		ORTHO SIDEBAR DISCONNECT	\$119.02	
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINE	\$21.70	
L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FUL	\$58.17	
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNE	\$80.06	
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CON	\$53.48	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FO	\$79.26	
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FO	\$85.74	
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOC	\$29.92	
L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SO	\$54.44	
L3224		WOMAN'S SHOE OXFORD BRACE	\$50.12	
L3225		MAN'S SHOE OXFORD BRACE	\$66.88	
L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	\$191.65	
L3674		SO AIRPLANE W/WO JOINT CF	\$982.70	
L3675		CANVAS VEST SO	\$145.89	
L3760		EO WITHJOINT, PREFABRICATED	\$210.21	
L3762		RIGID EO WO JOINTS	\$16.12	
L3806		WHFO W/JOINT(S) CUSTOM FAB	\$377.64	
L3807		WHFO W INFLATABLE AIRCHAMBER	\$39.51	
L3808		WHFO, RIGID W/O JOINTS	\$301.70	
L3809		WHFO W/O JOINTS PRE OTS	\$209.93	
L3908		WHFO, WRIST EXTENSION CONTROL (COCK-UP), CANVAS OR LEAT	\$40.42	
L3915		WHO W NONTOR JNT(S) PREFAB	\$57.42	
L3917		PREFAB METACARPL FX ORTHOSIS	\$87.80	
L3923		HFO, NO JOINT, PREFABRICATED	\$31.08	
L3925		FO PIP/DIP WITH JOINT/SPRING	\$40.80	
L3927		FO PIP/DIP W/O JOINT/SPRING	\$29.07	
L3929		HFO NONTORSION JOINT, PREFAB	\$64.62	
L3931		WHFO NONTORSION JOINT PREFAB	\$159.64	
L3981		UE FX ORTH SHOUL CAP FOREARM	\$834.54	
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	\$264.94	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR	\$21.91	
L4002		REPLACE STRAP, ANY ORTHOSIS	\$35.12	
L4045		REPLACE NON-MOLDED THIGH LACER	\$270.28	
L4055		REPLACE NON-MOLDED CALF LACER	\$183.00	
L4205		ORTHO DVC REPAIR PER 15 MIN	\$28.41	
L4350		PNEUMATIC ANKLE CONTROL SPLINT (AIRCAST OR EQUAL)	\$61.20	
L4360		PNEUMATIC WALKING SPLINT (AIRCAST OR EQUAL)	\$204.55	
L4361		PNEUMA/VAC WALK BOOT PRE OTS	\$254.96	
L4370		PNEUMATIC FULL LEG SPLINT (AIRCAST OR EQUAL)	\$141.75	
L4386		NON-PNEUMATIC WALKING SPLINT	\$113.67	
L4387		NON-PNEUM WALK BOOT PRE OTS	\$146.27	
L4392		REPLACE ANKLE CONTRAC SPLINT	\$21.10	
L4394		REPLACE FOOT DROP SPINT	\$15.42	
L4396		ANKLE CONTRACTURE SPLINT	\$104.85	
L4397		STATIC OR DYNAMI AFO PRE OTS	\$152.04	
L4398		FOOT DROP SPLINT RECUMBENT	\$69.32	
L4631		AFO, WALK BOOT TYPE, CUS FAB	\$1,257.26	
L5105		BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SAC	\$2,779.31	
L5150		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET,	\$2,836.68	
L5301		BK MOLD SOCKET SACH FT ENDO	\$2,120.16	
L5312		KNEE DISART, SACH FT, ENDO	\$3,282.68	
L5321		AK OPEN END SACH	\$3,092.24	
L5331		HIP DISART CANADIAN SACH FT	\$5,084.04	
L5341		HEMIPELVECTOMY CANADIAN SACH	\$5,422.28	
L5535		PREP BK PTB OPEN END SOCKET	\$1,236.75	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L5585		PREP AK ISCHIAL OPEN END	\$2,110.76	
L5595		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON,	\$2,936.52	
L5600		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON,	\$3,242.78	
L5611		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICUL	\$1,566.71	
L5613		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICUL	\$2,240.64	
L5617		AK/BK SELF-ALIGNING UNIT EA	\$468.47	
L5629		ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	\$231.78	
L5631		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTI	\$320.43	
L5637		ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	\$210.69	
L5639		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	\$1,090.24	
L5643		ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXI	\$1,513.49	
L5645		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER	\$775.87	
L5647		ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	\$708.32	
L5649		ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET	\$1,546.11	
L5651		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER	\$1,167.77	
L5661		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROM	\$443.80	
L5665		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROM	\$373.42	
L5671		BK/AK LOCKING MECHANISM	\$547.81	
L5673		SOCKET INSERT W LOCK MECH	\$625.84	
L5677		ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS,	\$359.58	
L5679		SOCKET INSERT W/O LOCK MECH	\$521.51	
L5681		INTL CUSTM CONG/LATYP INSERT	\$1,206.32	
L5683		INITIAL CUSTOM SOCKET INSERT	\$1,206.32	
L5685		BELOW KNEE SUS/SEAL SLEEVE	\$117.23	
L5695		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL	\$144.58	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L5701		REPL. SOCKET, ABOVE KNEE DISARTICULATION, INC. ATTACHME	\$2,762.14	
L5705		REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	\$733.28	
L5707		REPL. CUSTOM SHAPED PROCTECTIVE COVER HIP DISARTICULATI	\$998.24	
L5711		ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MA	\$380.80	
L5781		LOWER LIMB PROS VACUUM PUMP	\$3,662.06	
L5782		HD LOW LIMB PROS VACUUM PUMP	\$3,860.64	
L5785		ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT M	\$378.90	
L5790		ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT M	\$524.39	
L5795		ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTR	\$783.05	
L5810		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, M	\$394.20	
L5811		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, M	\$688.96	
L5812		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	\$507.15	
L5814		ENDO KNEE-SHIN HYDRAL SWG PH	\$3,399.10	
L5816		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, M	\$826.96	
L5818		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, F	\$933.83	
L5822		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, P	\$1,373.60	
L5824		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	\$1,491.23	
L5826		MINIATURE KNEE JOINT	\$2,858.24	
L5828		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	\$2,315.88	
L5830		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, P	\$1,383.87	
L5840		ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PN	\$2,063.37	
L5845		KNEE-SHIN SYS STANCE FLEXION	\$1,640.45	
L5848		KNEE-SHIN SYS HYDRAUL STANCE	\$984.16	
L5850		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISART	\$124.40	
L5855		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MEC	\$298.58	

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L5856		ELEC KNEE-SHIN SWING/STANCE	\$21,955.60	
L5857		ELEC KNEE-SHIN SWING ONLY	\$7,780.73	
L5910		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SY	\$352.19	
L5920		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISART	\$512.40	
L5925		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTI	\$326.73	
L5930		HIGH ACTIVITY KNEE FRAME	\$3,071.02	
L5940		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT	\$487.75	
L5961		ENDO POLY HIP, PNEU/HYD/ROT	\$4,615.14	
L5962		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRO	\$546.13	
L5964		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PRO	\$771.76	
L5966		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLE	\$981.40	
L5968		MULTIAXIAL SHCK ABSORB ANKLE	\$3,325.91	
L5969		AK/FT POWER ASST INCL MOTORS	\$13,412.32	
L5972		ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAF	\$321.08	
L5973		ANK-FOOT SYS DORS-PLANT FLEX	\$15,962.72	
L5974		ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE	\$172.32	
L5975		COMBO ANKLE/FOOT PROSTHESIS	\$424.32	
L5976		ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SE	\$440.98	
L5978		ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/	\$212.83	
L5979		ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE/FOOT,	\$2,014.35	
L5980		ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	\$3,605.37	
L5981		ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQU	\$2,356.02	
L5982		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTAT	\$562.14	
L5984		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTA	\$439.92	
L5985		LWR EXT DYNAMIC PROSTH PYLON	\$257.62	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L5986		ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UN	\$616.18	
L5987		SHANK FT W VERT LOAD PYLON	\$6,584.03	
L5988		VERTICALSHOCK/ROTATION PYLON	\$1,828.35	
L5990		USER ADJUSTABLE HEEL HEIGHT	\$1,660.44	
L6026		PART HAND MYO EXCLU TERM DEV	\$4,267.01	
L6055		WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE IN	\$2,064.09	
L6205		ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE IN	\$2,723.67	
L6380		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$849.23	
L6382		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$1,154.25	
L6384		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$1,600.62	
L6386		IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITION	\$292.86	
L6388		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$368.72	
L6580		PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SING	\$1,371.88	
L6582		PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SING	\$1,338.31	
L6584		PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SING	\$1,492.73	
L6586		PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SING	\$1,553.11	
L6588		PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	\$2,061.38	
L6590		PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	\$2,067.44	
L6611		ADDITIONAL SWITCH, EXT POWER	\$376.83	
L6616		UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT	\$47.30	
L6623		UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WR	\$467.81	
L6628		UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER	\$465.84	
L6629		UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION C	\$133.68	
L6632		UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	\$63.17	
L6637		UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	\$267.79	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L6638		ELEC LOCK ON MANUAL PW ELBOW	\$2,288.79	
L6641		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY T	\$117.75	
L6642		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TY	\$158.59	
L6646		MULTIPO LOCKING SHOULDER JNT	\$2,886.68	
L6647		SHOULDER LOCK ACTUATOR	\$475.29	
L6648		EXT PWRD SHLDER LOCK/UNLOCK	\$2,977.19	
L6677		UE TRIPLE CONTROL HARNESS	\$271.49	
L6686		UPPER EXTREMITY ADDITION, SUCTION SOCKET	\$430.54	
L6687		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBO	\$560.92	
L6688		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBO	\$386.35	
L6689		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER D	\$655.21	
L6690		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPU	\$501.48	
L6691		UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	\$251.74	
L6692		UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL,	\$510.30	
L6693		LOCKINGELBOW FOREARM CNTRBAL	\$2,598.38	
L6694		ELBOW SOCKET INS USE W/LOCK	\$681.98	
L6695		ELBOW SOCKET INS USE W/O LCK	\$568.29	
L6696		CUS ELBO SKT IN FOR CON/ATYP	\$1,206.32	
L6697		CUS ELBO SKT IN NOT CON/ATYP	\$1,206.32	
L6698		BELOW/ABOVE ELBOW LOCK MECH	\$596.93	
L6810		TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	\$160.56	
L6881		AUTOGRASP FEATURE UL TERM DV	\$3,741.70	
L6882		MICROPROCESSOR CONTROL UPLMB	\$2,838.32	
L6920		WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED I	\$5,916.39	
L6925		WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED I	\$6,381.03	

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L6930		BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKE	\$6,216.32	
L6935		BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKE	\$6,673.97	
L6940		ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOC	\$8,531.56	
L6945		ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOC	\$9,925.48	
L6950		ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOV	\$9,697.32	
L6955		ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOV	\$11,613.82	
L6960		SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER	\$11,713.39	
L6965		SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER	\$12,690.79	
L6970		INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SO	\$12,847.47	
L6975		INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SO	\$13,764.78	
L7007		ADULT ELECTRIC HAND	\$4,283.91	
L7008		PEDIATRIC ELECTRIC HAND	\$4,283.91	
L7009		ADULT ELECTRIC HOOK	\$3,243.18	
L7040		PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	\$2,056.02	
L7045		ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTR	\$1,178.79	
L7170		ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	\$4,486.81	
L7180		ELECTRONIC ELBOW, UTAH OR EQUAL, MYOELECTRONICALLY CONT	\$26,039.12	
L7181		ELECTRONIC ELBO SIMULTANEOUS	\$36,671.98	
L7185		ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, SWITCH CONT	\$4,654.97	
L7186		ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWIT	\$8,436.69	
L7190		ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRON	\$5,889.48	
L7191		ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOE	\$8,644.03	
L7259		ELECTRONIC WRIST ROTATOR ANY	\$3,454.57	
L7360		SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	\$165.85	
L7362		BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	\$243.61	

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CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L7364		TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	\$290.61	
L7366		BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	\$391.47	
L7367		REPLACEMNT LITHIUM IONBATTER	\$356.32	
L7368		LITHIUM ION BATTERY CHARGER	\$461.93	
L7520		REPAIR PROSTHESIS PER 15 MIN	\$15.19	
L8001		BREAST PROSTHESIS BRA & FORM	\$114.79	
L8002		BRST PRSTH BRA & BILAT FORM	\$151.02	
L8015		EXT BREASTPROSTHESIS GARMENT	\$54.87	
L8030		BREAST PROSTHESIS, SILICONE OR EQUAL	\$259.61	
L8031		BREAST PROSTHESIS W ADHESIVE	\$320.42	
L8032		REUSABLE NIPPLE PROSTHES	\$0.00	
L8035		CUSTOM BREAST PROSTHESIS	\$3,353.09	
L8040		NASAL PROSTHESIS	\$2,114.03	
L8041		MIDFACIAL PROSTHESIS	\$2,548.24	
L8042		ORBITAL PROSTHESIS	\$2,863.17	
L8043		UPPER FACIAL PROSTHESIS	\$3,206.77	
L8044		HEMI-FACIAL PROSTHESIS	\$3,550.32	
L8045		AURICULAR PROSTHESIS	\$2,223.02	
L8046		PARTIAL FACIAL PROSTHESIS	\$2,290.53	
L8047		NASAL SEPTAL PROSTHESIS	\$1,173.88	
L8300		TRUSS SNGL STANDARD PAD	\$0.00	
L8310		TRUSS DBL STANDARD PAD	\$0.00	
L8320		TRUSS ADD STD PAD WATER	\$0.00	
L8330		TRUSS ADD STD PAD SCROTL	\$0.00	
L8417		PROS SHEATH/SOCK W GEL CUSHN	\$68.82	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L8440		PROSTHETIC SHRINKER, BELOW KNEE, EACH	\$30.49	
L8465		PROSTHETIC SHRINKER, UPPER LIMB, EACH	\$35.58	
L8485		STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	\$9.69	
L8500		ARTIFICIAL LARYNX, ANY TYPE	\$481.29	
L8501		TRACHEOSTOMY SPEAKING VALVE	\$88.10	
L8507		TRACH-ESOPH VOICE PROS PT IN	\$38.33	
L8509		TRACH-ESOPH VOICE PROS MD IN	\$99.94	
L8510		VOICE AMPLIFIER	\$231.28	
L8511		INDWELLING TRACH INSERT	\$66.56	
L8512		GEL CAP FOR TRACH VOICE PROS	\$2.01	
L8513		TRACH PROS CLEANING DEVICE	\$4.77	
L8514		REPL TRACH PUNCTURE DILATOR	\$86.31	
L8515		GEL CAP APP DEVICE FOR TRACH	\$57.77	
L8609		ARTIFICIAL CORNEA	\$0.00	
L8615		HEADSET/HEADPIECE FOR COCHLEAR IMPLANT DEVICE	\$413.63	
L8616		MICROPHONE FOR COCHLEAR IMPLANT DEVICE	\$96.31	
L8617		TRANSMITTING COIL FOR COCHLEAR IMPLANT DEVICE	\$84.13	
L8618		TANSMITTER CABLE FOR COCHLEAR IMPLANT DEVICE	\$24.05	
L8619		REPLACE COCHLEAR PROCESSOR	\$7,501.86	
L8621		REPL ZINC AIR BATTERY	\$0.58	
L8622		ALKALINE BATTERY FOR COCHLEAR IMPLANT DEVICE	\$0.30	
L8623		LITHIUM BATTERY FOR COCHLEAR IMPLANT	\$59.34	
L8624		LITHIUM ION BATTERY FOR COCHLEAR IMPLANT	\$147.88	
L8627		COCHLEAR IMPLANT EXT SPEECH PROCESSOR	\$6,231.64	
L8628		COCHLEAR IMPLANT EXT CONTR	\$1,124.56	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
L8629		COCHLEAR TRNSMT COIL INTEGRATED	\$161.01	
L8681		PT PRGRM FOR IMPLT NEUROSTIM	\$971.01	
L8689		EXTERNAL RECHARGING SYSTEM	\$1,581.91	
L8691		OSSEOINTEGRATED SND PROC RPL	\$2,445.40	
L8693		AUD OSSEO DEV, ABUTMENT	\$1,390.59	
L8695		EXTERNAL RECHARG SYS EXTERN	\$15.28	
L8696		EXT ANTENNA PHREN NERVE STIM	\$197.85	
P3000		SCREEN PAP TECH MD SUPV	\$0.00	
P9010		WHOLE BLOOD FOR TRANSFUS	\$0.00	FOLLOW OCE; COVERED; PSI R
P9011		BLOOD SPLIT UNIT	\$0.00	FOLLOW OCE; COVERED; PSI R
P9012		CRYOPRECIPITATE EA UNIT	\$0.00	FOLLOW OCE; COVERED; PSI R
P9016		RBC LEUKOCYTE REDUCED	\$0.00	FOLLOW OCE; COVERED; PSI R
P9017		FRESH FROZEN PLASMA-EA	\$0.00	FOLLOW OCE; COVERED; PSI R
P9019		PLATELETS; EACH UNIT	\$0.00	FOLLOW OCE; COVERED; PSI R
P9020		PLATELET RICH PLASMA-UN	\$0.00	FOLLOW OCE; COVERED; PSI R
P9021		RED BLOOD CELLS UNIT	\$0.00	FOLLOW OCE; COVERED; PSI R
P9022		WASHED RED BLOOD CELLS	\$0.00	FOLLOW OCE; COVERED; PSI R
P9023		PLASMA; POOLED MULTIPLE	\$0.00	FOLLOW OCE; COVERED; PSI R
P9031		PLATLTS LEUKOCY REDUCED	\$0.00	FOLLOW OCE; COVERED; PSI R
P9032		PLATELETS IRRADIATED EA	\$0.00	FOLLOW OCE; COVERED; PSI R
P9033		PLATLTS LEUK RED IRRAD	\$0.00	FOLLOW OCE; COVERED; PSI R
P9034		PLATELETS PHERESIS-EACH	\$0.00	FOLLOW OCE; COVERED; PSI R
P9035		PLATLTS PHER LEUK RED	\$0.00	FOLLOW OCE; COVERED; PSI R
P9036		PLATELETS PHERESIS IRRAD	\$0.00	FOLLOW OCE; COVERED; PSI R
P9037		PLATLT PHER LEUK RED IRR	\$0.00	FOLLOW OCE; COVERED; PSI R

FEE SCHEDOLE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
P9038		RBC IRRADIATED EACH UNIT	\$0.00	FOLLOW OCE; COVERED; PSI R
P9039		RBC DEGLYCEROLIZED EA	\$0.00	FOLLOW OCE; COVERED; PSI R
P9040		RBC LEUKO REDUC IRRAD	\$0.00	FOLLOW OCE; COVERED; PSI R
P9043		PLASM PROT FRAC 5% 50 ML	\$0.00	FOLLOW OCE; COVERED; PSI R
P9044		PLASMA CRYOPRECIP REDUC	\$0.00	FOLLOW OCE; COVERED; PSI R
P9045		ALBUMIN (HUMAN); 5%; 250	\$0.00	FOLLOW OCE; COVERED; PSI R
P9046		ALBUMIN (HUMAN); 25%; 20	\$0.00	FOLLOW OCE; COVERED; PSI R
P9047		ALBUMIN (HUMAN); 25%; 50	\$0.00	FOLLOW OCE; COVERED; PSI R
P9048		PLASMAPROTEIN FRACT;5%;2	\$0.00	FOLLOW OCE; COVERED; PSI R
P9050		GRANULOCYTES; PHERESIS U	\$0.00	FOLLOW OCE; COVERED; PSI R
P9051		RBC LEUKO RED CMV NEG	\$0.00	FOLLOW OCE; COVERED; PSI R
P9052		PLATLT HLA MATC LEUK RED	\$0.00	FOLLOW OCE; COVERED; PSI R
P9053		PLT LEUK RED CMV-NEG IRR	\$0.00	FOLLOW OCE; COVERED; PSI R
P9054		RBC L/R; FROZ/DEGLY/WASH	\$0.00	FOLLOW OCE; COVERED; PSI R
P9055		PLATLET LEUK RED CMV-NEG	\$0.00	FOLLOW OCE; COVERED; PSI R
P9056		WHL BLOOD LEUK RED IRRAD	\$0.00	FOLLOW OCE; COVERED; PSI R
P9057		RBC FRZ/DEG/WSH/L-R/IRR	\$0.00	FOLLOW OCE; COVERED; PSI R
P9058		RBC LEUK RED CMV NEG IRR	\$0.00	FOLLOW OCE; COVERED; PSI R
P9059		PLASMA FRZ BETWEEN 8 24	\$0.00	FOLLOW OCE; COVERED; PSI R
P9060		FRZ PLASMA DONOR RETEST	\$0.00	FOLLOW OCE; COVERED; PSI R
P9603		1-WY TRVL PRORATED MILES	\$0.00	
P9604		1-WY TRVL PRORATED TRIP	\$0.00	
P9612		CATHETERIZE FOR URINE SPEC	\$3.15	
Q0092		SET UP PORT XRAY EQUIP	\$0.00	
Q0111		WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL	\$5.95	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
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			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
Q0112		ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$6.25	
Q0113		PINWORM EXAMINATIONS	\$7.84	
Q0114		FERN TEST	\$10.38	
Q0115		POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL	\$14.86	
Q0478		POWER ADAPTER, COMBO VAD	\$168.52	
Q0479		POWER MODULE COMBO VAD, REP	\$11,076.07	
Q0480		DRIVER PNEUMATIC VAD, REP	\$82,595.75	
Q0481		MICROPRCSR CU ELEC VAD, REP	\$13,325.85	
Q0482		MICROPRCSR CU COMBO VAD, REP	\$4,173.91	
Q0483		MONITOR ELEC VAD, REP	\$17,194.65	
Q0484		MONITOR ELEC OR COMB VAD REP	\$3,339.13	
Q0485		MONITOR CABLE ELEC VAD, REP	\$322.42	
Q0486		MON CABLE ELEC/PNEUM VAD REP	\$268.31	
Q0487		LEADS ANY TYPE VAD, REP ONLY	\$313.03	
Q0489		PWR PCK BASE COMBO VAD, REP	\$14,906.81	
Q0490		EMR PWR SOURCE ELEC VAD, REP	\$644.78	
Q0491		EMR PWR SOURCE COMBO VAD REP	\$1,013.70	
Q0492		EMR PWR CBL ELEC VAD, REP	\$81.67	
Q0493		EMR PWR CBL COMBO VAD, REP	\$232.55	
Q0494		EMR HD PMP ELEC/COMBO, REP	\$196.78	
Q0495		CHARGER ELEC/COMBO VAD, REP	\$3,830.70	
Q0496		BATTERY ELEC/COMBO VAD, REP	\$1,374.89	
Q0497		BAT CLPS ELEC/COMB VAD, REP	\$429.34	
Q0498		HOLSTER ELEC/COMBO VAD, REP	\$471.06	
Q0499		BELT/VEST ELEC/COMBO VAD REP	\$153.04	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

	Indicates 4TH quarter 2017 change/addition		12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
Q0500		FILTERS ELEC/COMBO VAD, REP	\$27.99	
Q0501		SHWR COV ELEC/COMBO VAD, REP	\$468.34	
Q0502		MOBILITY CART PNEUM VAD, REP	\$596.27	
Q0503		BATTERY PNEUM VAD REPLACEMNT	\$1,192.55	
Q0504		PWR ADPT PNEUM VAD, REP VEH	\$629.28	
Q0506		LITH-ION BATT ELEC/PNEUM VAD	\$783.28	
Q2034		AGRIFLU VACCINE	\$0.00	
Q2035		AFLURIA VACC; 3 YRS & >	\$0.00	
Q2036		FLULAVAL VACC; 3 YRS & >	\$0.00	
Q2037		FLUVIRIN VACC; 3 YRS & >	\$0.00	
Q2038		FLUZONE VACC; 3 YRS & >	\$0.00	
Q2039		NOS FLU VACC; 3 YRS & >	\$0.00	
Q3014		TELEHEALTH SITE FEE	\$25.72	
Q4117		HYALOMATRIX	\$0.00	FOLLOW OCE; PACKAGED; PSI N
Q4118		MATRISTEM MICROMATRIX	\$0.00	FOLLOW OCE; PACKAGED; PSI N
Q4119		MATRISTEM WOUND MATRIX	\$0.00	CODE TERMED 12/31/2016
Q4120		MATRISTEM BURN MATRIX	\$0.00	CODE TERMED 12/31/2016
Q5101		INJ FILGRASTIM GCSF BIOSIMIL	\$0.00	
Q5102		INJ INFLIXIMAB BIOSIMILAR	\$0.00	FOLLOW OCE; PSI K AS OF 01/01/17
Q9981		ROLAPITANT, ORAL, 1MG	\$0.00	CODE TERMED 12/31/2016
Q9982		FLUTEMETAMOL F18	\$0.00	FOLLOW OCE; PSI G AS OF 01/01/17
Q9983		FLORBETABEN F18	\$0.00	FOLLOW OCE; PSI G AS OF 01/01/17
Q9989		USTEKINUMAB IV INJ; 1 MG	\$0.00	
V2020		FRAMES, COMPLETE	\$61.20	
V2100		SPHER SINGLE PLANO 4.00	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
V2101		SGL VISION SPHERE 4.12-	\$0.00	
V2102		SINGL VISN SPHERE 7.12-	\$0.00	
V2103		SPHEROCYLINDR 4.00D/.12-	\$0.00	
V2104		SPHEROCYLINDR 4.00D/2.12	\$0.00	
V2105		SPHEROCYLINDR 4.00D/4.25	\$0.00	
V2106		SPHEROCYLINDR 4.00D/>6.0	\$0.00	
V2107		SPHEROCYLINDR 4.25D/.12	\$0.00	
V2108		SPHEROCYLINDR 4.25D/2.12	\$0.00	
V2109		SPHEROCYLINDR 4.25D/4.25	\$0.00	
V2110		SPHEROCYLINDR 4.25D/OVER	\$0.00	
V2111		SPHEROCYLINDR 7.25D/.25-	\$0.00	
V2112		SPHEROCYLINDR 7.25D/2.25	\$0.00	
V2113		SPHEROCYLINDR 7.25D/4.25	\$0.00	
V2114		SPHEROCYLINDER OVER 12.0	\$0.00	
V2115		LENTICULAR LENS SINGLE	\$0.00	
V2118		ANISEIKONIC LENS SINGLE	\$0.00	
V2121		LENTICULAR LENS-SINGLE	\$0.00	
V2199		NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	\$33.60	
V2200		SPHER BIFOC PLANO 4.00D	\$0.00	
V2201		SPHERE BIFOCAL 4.12-7.00	\$0.00	
V2202		SPHERE BIFOCAL 7.12-20.0	\$0.00	
V2203		SPHCYL BIFOC 4.00D/.12-2	\$0.00	
V2204		SPHCY BIFOC 4.00D/2.12-4	\$0.00	
V2205		SPHCY BIFOC 4.00D/4.25-6	\$0.00	
V2206		SPHCY BIFOC 4.00D/OVER 6	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
V2207		SPHCY BIF 4.25-7/.12-2.0	\$0.00	
V2208		SPHCY BIF 4.25-7/2.12-4	\$0.00	
V2209		SPHCY BIF 4.25-7/4.25-6	\$0.00	
V2210		SPHCY BIF 4.25-7/OVER 6	\$0.00	
V2211		SPHCY BIF 7.25-12/25-2.2	\$0.00	
V2212		SPHCY BIF 7.25-12/2.25-4	\$0.00	
V2213		SPHCY BIF 7.25-12/4.25-6	\$0.00	
V2214		SPHCYL BIF OVER 12.00D	\$0.00	
V2215		LENTICULAR BIFOCAL	\$0.00	
V2218		ANISEIKONIC BIFOCAL	\$0.00	
V2219		BIFOCAL SEG WIDTH >28MM	\$0.00	
V2220		BIFOCAL ADD OVER 3.25D	\$0.00	
V2221		LENTICULAR LENS, BIFOCAL	\$58.61	
V2299		SPECIALTY BIFOCAL (BY REPORT)	\$50.44	
V2300		SPHERE TRIFOCAL 4.00D	\$0.00	
V2301		SPHERE TRIFOCAL 4.12-7.0	\$0.00	
V2302		SPHERE TRIFOCAL 7.12-20	\$0.00	
V2303		SPHCY TRIFOCAL 4.0/.12-2	\$0.00	
V2304		SPHCY TRIFOCL 4.0/2.25-4	\$0.00	
V2305		SPHCY TRIFOCL 4.0/4.25-6	\$0.00	
V2306		SPHCYL TRIFOCAL 4.00/>6	\$0.00	
V2307		SPHCY TRIFOCL 4.25-7/.12	\$0.00	
V2308		SPHC TRIFOCL 4.25-7/2.12	\$0.00	
V2309		SPHC TRIFOCL 4.25-7/4.25	\$0.00	
V2310		SPHC TRIFOCAL 4.25-7/>6	\$0.00	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
V2311		SPHC TRIFO 7.25-12/.25-2	\$0.00	
V2312		SPHC TRIFO 7.25-12/2.25-	\$0.00	
V2313		SPHC TRIFO 7.25-12/4.25-	\$0.00	
V2314		SPHCYL TRIFOCAL OVER 12	\$0.00	
V2315		LENTICULAR TRIFOCAL	\$0.00	
V2318		ANISEIKONIC TRIFOCAL	\$0.00	
V2319		TRIFOCAL SEG WDTH >28 MM	\$0.00	
V2320		TRIFOCAL ADD OVER 3.25D	\$0.00	
V2321		LENTICULAR LENS-TRIFOCAL	\$0.00	
V2500		CNTCT LENS PMMA SPHERICL	\$0.00	
V2501		CNTCT LENS PMMA-TORIC/PR	\$0.00	
V2502		CONTACT LENS PMMA BIFOCL	\$0.00	
V2503		CNTCT LENS PMMA COLR VIS	\$0.00	
V2510		CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$104.77	
V2511		CNTCT TORIC PRISM BALLST	\$0.00	
V2512		CNTCT LENS GAS PERM BIFO	\$0.00	
V2513		CONTACT LENS EXT WEAR	\$0.00	
V2520		CONTACT LENS HYDROPHILIC, SPERICAL, PER LENS	\$88.21	
V2521		CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER	\$170.82	
V2522		CNTCT LENS HYDROPHIL BIF	\$0.00	
V2523		CNTCT LENS HYDROPHIL EXT	\$0.00	
V2530		CONTACT LENS, SCLERAL, PER LENS (FOR CONTACT LENS MODIF	\$181.31	
V2531		CONTACT LENS GAS PERMEABLE	\$479.80	
V2599		NOT OTHERWISE CLASSIFIED, CONTACT LENS	\$21.81	
V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$64.03	

FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2017

UPDATED BASED ON FOURTH QUARTER 2017 CMS OCE CHANGES

	Indicates 4TH quarter 2017 change/addition		12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	\$443.56	
V2626		REDUCTION OF OCULAR PROSTHESIS	\$204.66	
V2628		FABRICATION AND FITTING OF OCULAR CONFORMER	\$335.42	
V2700		BALANCE LENS; PER LENS	\$0.00	
V2715		PRISM, PER LENS	\$9.48	
V2730		SPECIAL BASE CURVE	\$0.00	
V2744		TINT, PHOTOCHROMATIC, PER LENS	\$14.76	
V2745		TINT-ANY COLOR/SOLID/GR	\$0.00	
V2755		U-V LENS; PER LENS	\$0.00	
V2770		OCCLUDER LENS; PER LENS	\$0.00	
V2780		OVERSIZE LENS; PER LENS	\$0.00	
V2782		LENS TO 1.65 P/TO 1.79 G	\$0.00	
V2783		LENS >= 1.66 P/>=1.80 G	\$0.00	
V2790		AMNIOTIC MEMBRANE	\$0.00	

FOOTNOTES:

2314

CODES

#1	AMBULANCE SERVICES MUST BE BILLED ON 1500 FORM AND ARE NOT PART OF SD DSS OPPS

THE INFORMATION ON THIS PAGE SERVES AS A REFERENCE ONLY. IT DOES NOT GUARANTEE THAT SERVICES ARE COVERED. SUBJECT TO CHANGE

EFFECTIVE OCTOBER 1, 2017

UPDATED BASED ON FOURTH QUARTER 2017 CMS OCE CHANGES

Indicates 4		Indicates 4TH quarter 2017 change/addition	12/05/2017	
			SY17 PRICE	
			WITHOUT	
			CUTBACK %	
CODE	MODIFIER	DESCRIPTION	APPLIED	COMMENTS

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